

DOCUMENT RESUME

ED 249 379

CE 039 827

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TITLE Health Services: Clinical. Respiratory Therapy Aide. Instructor's Manual. Competency-Based Education.
INSTITUTION Kentucky State Dept. of Education, Frankfort.
PUB DATE 83
NOTE 123p.; For related documents, see CE 039 821, CE 039 823, CE 039 825, and CE 039 829.
AVAILABLE FROM Kentucky State Department of Education, Director for Curriculum Development, 2024 Capital Plaza Tower, Frankfort, KY 40601.
PUB TYPE Guides - Classroom Use - Guides (For Teachers) (052)
EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Allied Health Occupations; *Allied Health Occupations Education; Behavioral Objectives; *Biomedical Equipment; Classroom Techniques; *Competency Based Education; Educational Strategies; Employment Opportunities; *Equipment Utilization; Health Services; Instructional Materials; Learning Modules; Lesson Plans; *Medical Assistants; Medical Services; Medical Vocabulary; Postsecondary Education; *Respiratory Therapy; State Curriculum Guides; Student Needs; Teaching Methods
IDENTIFIERS Kentucky; Special Needs Students

ABSTRACT

This instructor's manual consists of materials for use in presenting a course in the occupational area of respiratory therapy aide. Included in the first part of the guide are a program master sequence; a master listing of instructional materials, equipment, and supplies; an overview of the competency-based vocational education (CBVE) system; and guidelines and strategies for addressing students with special needs. The major part of the publication comprises instructor's guide sheets, master copies of the instructor's final checklist, master copies of the check-out activity sheets, answer keys for the check-out activity sheets, a listing of recommended references and audiovisual materials for the respiratory therapy aide modules, and student modules. Provided in the student modules are learning activities, instruction sheets, and self-check activities dealing with the following topics: learning about respiratory therapy careers, learning respiratory therapy terminology, assisting with oxygen administration, setting up a mist tent or vaporizer, providing for respiratory clearance, and instructing and assisting with breathing exercises. (MN)

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Instructor's Manual

HEALTH SERVICES: CLINICAL

Competency - Based Education

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1983

Kentucky Department of Education
Raymond Barber, Superintendent of Public Instruction

Instructor's Manual
for
HEALTH SERVICES: CLINICAL
Respiratory Therapy Aide

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1983

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[Student Package]

FOREWORD

The purpose of this instructor's manual is to aid the instructor in managing the use of modules for Health Services: Clinical Area of the Respiratory Therapy Aide. Review the TABLE OF CONTENTS for the location of the Instructor's Guide Sheets for these modules.

A PROGRAM MASTER SEQUENCE, a HEALTH SERVICES: CLINICAL COMPETENCIES (Sample Evaluation) for the respiratory therapy aide, and a MASTER LISTING OF INSTRUCTIONAL MATERIALS, EQUIPMENT, AND SUPPLIES have been prepared to provide an over-all view of the program and the instructional needs.

To aid the instructor in understanding competency-based vocational education, a section is provided about the CBVE instructional system. For helping the instructor meet the needs of special students, a section about identifying students with special needs, formulating a basic approach to teaching these students, and using special strategies and redirecting teaching strategies is provided.

A RECOMMENDED REFERENCES/AUDIO-VISUAL MATERIALS LISTING FOR RESPIRATORY THERAPY AIDE MODULES has been prepared, so the instructor can post the required readings and AV materials for the modules. During orientation to the use of modules, the instructor can explain the use and location of the reference/AV listing. This will aid classroom management.

ACKNOWLEDGMENTS

The Health Services curriculum effort is the result of the contributions of a number of people. We wish to thank each of the following individuals for their part in this endeavor.

• For field testing the Health Services--Clinical modules:

Linda Craig
Clinton County AVEC
Albany, KY

Diane Sharp
Health Services
Laurel County High
London, KY

Elizabeth Erwin
Barren County AVEC
Glasgow, KY

James Isenberg
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• For support services from the Office of the State Superintendant of Public Instruction:

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• For support services from the Unit of Curriculum Development:

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PROGRAM MASTER SEQUENCE
HEALTH SERVICES: CLINICAL
Respiratory Therapy Aide

Code Number	Module Title	Module Stock Number
HS-RT-1	Learning About Respiratory Therapy Careers	5-990
HS-RT-2	Learning Respiratory Therapy Terminology	5-991
HS-RT-3	Assisting With Oxygen Administration	5-992
HS-RT-4	Setting Up a Mist Tent or Vaporizer	5-993
HS-RT-5	Providing for Respiratory Clearance	5-994
HS-RT-6	Instructing and Assisting With Breathing Exercises	5-995

HEALTH SERVICES: CLINICAL COMPETENCIES
RESPIRATORY THERAPY AIDE--D.O.T. #079.361-011
(Sample Evaluation)

Student's Name: _____

Address: _____

Date Entering Program: _____

Date Completing Program: _____

Evaluation Code*:

- 0. The task was not applicable.
- 1. The student completed the task with close supervision.
- 2. The student completed the task with limited supervision.
- 3. The student completed the task without supervision.
- 4. The student completed the task at job-entry level.

<u>EC*</u>	<u>TASK LIST</u>	<u>MODULE NUMBER</u>
_____	1. Name the national accrediting agency for respiratory therapists and technicians.	HS-RT-1
_____	2. Draw an organizational chart of a respiratory therapy department.	HS-RT-1
_____	3. Practice safety in the respiratory department.	
_____	4. Define respiratory therapy terms.	HS-RT-2
_____	5. List the components of the respiratory system.	
_____	6. Give the function of each component of the respiratory system.	
_____	7. Select correct class of postage.	
_____	8. Prepare charge slips for services rendered.	

EC*TASK LISTMODULE NUMBER

- | | | |
|-------|---|---------|
| _____ | 9. Assist with posting patient charges. | |
| _____ | 10. Keep record of all telephone conversations. | |
| _____ | 11. Order office supplies and equipment. | |
| _____ | 12. Replenish respiratory therapy cart supplies. | |
| _____ | 13. Inventory and stock respiratory therapy supplies and equipment. | |
| _____ | 14. Process incoming mail, open, sort. | |
| _____ | 15. Operate postage meter. | |
| _____ | 16. Position patient for treatment. | |
| _____ | 17. Recognize and report complications of adverse reactions to treatment. | |
| _____ | 18. Assist with oxygen administration. | |
| _____ | 19. Set up a mist tent. | HS-RT-4 |
| _____ | 20. Set up a vaporizer. | HS-RT-4 |
| _____ | 21. Assist with postural drainage. | HS-RT-5 |
| _____ | 22. Instruct patient in breathing exercises. | HS-RT-6 |
| _____ | 23. Assist patient with breathing exercises. | HS-RT-6 |
| _____ | 24. Disassemble, clean, and reassemble the Bird respiratory circuit. | |
| _____ | 25. Disassemble, clean, and reassemble the infant Bird respiratory circuit. | |
| _____ | 26. Disassemble, clean, and reassemble the PR-2 respiratory circuit. | |
| _____ | 27. Disassemble, clean, and reassemble the infant PR-2 respiratory circuit. | |
| _____ | 28. Disassemble, clean, and reassemble the MA-respiratory circuit. | |
| _____ | 29. Disassemble, clean, and reassemble the CPAP respiratory circuit. | |
| _____ | 30. Collect sputum specimen. | |
| _____ | 31. Disassemble, clean, and reassemble the heated aerosol. | |
| _____ | 32. Schedule patients for treatments. | |
| _____ | 33. Stock and dispense cylinder gas. | |
| _____ | 34. _____ | |
| _____ | 35. _____ | |
| _____ | 36. _____ | |
| _____ | 37. _____ | |
| _____ | 38. _____ | |
| _____ | 39. _____ | |
| _____ | 40. _____ | |

A MASTER LISTING OF INSTRUCTIONAL MATERIALS,
EQUIPMENT, AND SUPPLIES

● Recommended References:

_____, Allied Health Education Directory. Monroe, WI: American Medical Association Order Department (OP-391, P.O. Box 821), 1979.

Birchenall and Streight, Introduction to Health Careers. Philadelphia, PA: J. B. Lippincott Company, 1978.

Bureau of Labor Statistics, Occupational Outlook Handbook, 1978-79 Edition, Bulletin 1955. Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 1978.

Jones, Respiratory Therapy Assistant (Student Manual). Austin, TX: Center for Occupational Curriculum Development, Division of Continuing Education, The University of Texas at Austin, 1983.

Pincus, Respiratory Therapist Manual. Indianapolis, IN: The Bobbs-Merrill Company, 1975.

United States Department of Labor, Dictionary of Occupational Titles. Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 1977.

● Recommended Audio-Visual Materials:

Trainex, "Postural Drainage, Clapping, and Vibration." Garden Grove, CA: Trainex Corporation.

Trainex, "The Best Medicine for Emphysema is You." Garden Grove, CA: Trainex Corporation.

● General Instructional Equipment:

- Film projector
- Filmstrip projector
- Cassette tape player/recorder
- Overhead projector
- Projection screen

● Equipment and Supplies:

- Croupette/mist tent
- Oxygen or compressed air
- Rubber sheet or cotton blanket
- Vaporizer
- Distilled water
- Towel
- Blow bottles
- Glass
- Straw

**OVERVIEW OF THE
CBVE
INSTRUCTIONAL
SYSTEM**

Competency-Based Vocational Education

Using the Instructor's Manual

Managing a CBVE Program

Competency-Based Vocational Education

The purpose of this manual is to aid the instructor in implementing a competency-based instructional program. It is intended as a guide and resource for the teacher using CBVE modules or task assignment sheets.

CBVE is based on competency. The instructional system incorporates (1) the competencies for specific occupations built around worker tasks (2) performance objectives and (3) the specified minimum standards of performance required for entry-level jobs. The performance objectives include: (1) the skills (or tasks) which the student must learn; (2) the conditions under which the student must perform; and (3) the standard or level of achievement to which the student must perform. The learning activities are directly related to job skill.

In addition to competency development, the materials address (1) readability; (2) variety of learning activities; (3) elimination of sex stereotyping; and (4) curriculum modification for disadvantaged and handicapped students.

The Curriculum Unit which develops and implements competency-based instructional materials is located in the Kentucky Department of Education, Office of Research and Planning, 1912 Capital Plaza Tower, Frankfort, KY 40601.

In addition, each vocational region has a CBVE Contact Person to assist with implementation. Any problems or concerns about your CBVE program should be discussed with your Regional Contact Person.

Each teacher is to receive inservice involving how to conduct a competency-based program and utilize competency-based materials prior to implementation. In addition, Inservice Education modules are available as references, giving detailed suggestions for setting up and managing a CBVE program.

Using the Instructor's Manual

This instructor's manual is divided into three sections: course introduction, program organization, and an instructor's guide to learning activities.

The Instructor's Guide to Learning Activities is the heart of this manual. It contains a brief listing of the contents of each module with suggestions for their use. Removing the guide sheets and filing them with the corresponding modules will give the instructor the complete materials for lesson planning in one place.

Format is consistent throughout all modules. Each contains the same basic components:

Introduction - tells the student what he/she will learn and why it is important.

Directions - lists any prerequisites to the module and directs the student to either the learning activities or check-out activity.

Objectives - clearly state what the student is expected to know or do, under what conditions, and how well.

Learning Activities - a "road map" for the student to follow in going through the module or assignment sheet; lists the various activities the student will perform in learning the task.

Instruction Sheets - may be job sheets, information sheets, etc., that provide the student with important information or practice.

Student Self-Checks - brief, objective tests that serve as progress checks for the student; usually cover the cognitive information presented in the module.

Instructor's Final Checklist - tells the student and the instructor exactly what the student will be evaluated on in the check-out activity; the instructor uses this sheet to rate the student's performance.

Check-Out Activity tells the student what he/she will be asked to do for the final test or performance.

The Instructor's Guide Sheets in this manual present the essential information in the modules in capsule form. In addition, they list: notes and suggestions for instruction; the recommended references and audiovisuals; necessary tools and equipment; and space for teacher's notes.

The modules are designed to be left intact. Students should be reminded not to write on any of the pages. In some cases, they will be required to obtain duplicates or sheets like the ones shown. A supply of all master copies the instructor elects to use should be made in advance and filed with the modules or placed in a file for ready use.

There are also pages that the student needs that are not contained within the modules. These are usually the check-out tests, but they may also be other materials which are supplemental to the actual module. These pages should also be filed separately and kept by the teacher. They should be accessible to the students at the appropriate time.

Managing a CBVE Program

Managing a CBVE program is no easy task. However, if time and care are taken in setting up the program, it can be managed with a minimum of difficulty. The important thing is to implement a system that will work in your classroom, and then carry it through consistently. For example, you will want to establish some procedures for the storage and use of modules, student folders, reference books, slide-tape presentations, audio-visual equipment, etc. Refer to Module IE-8, "Managing a CBVE Program" for specific suggestions.

As with any change or innovation in classroom procedure, students will be more receptive to CBVE if you spend time orienting them to the new way of doing things. When you first implement your program, set aside a day or two to familiarize students with the modules or task assignment sheets and accompanying media. Demonstrate the proper use of the audio-visual equipment. Familiarize students with your management system, i.e., where to obtain modules or assignment sheets and return them when completed, where to file check-out activities, etc. Remember that your enthusiasm about CBVE is catching! If students see that you believe in CBVE they will much more likely accept and use it. Don't forget to orient additional students who come into your program later in the year. (For more suggestions, see Module IE-8, "Managing a CBVE Program.")

Since student demonstration of competency in a task is an essential concept in CBVE, the modules or assignment sheets have been designed for individualized instruction. This does not mean that material cannot occasionally be presented in large or small group settings. Some lessons, such as safety, might best be presented to the whole class, but students must individually demonstrate their knowledge of safety procedures and practices. In some programs, small group discussion may facilitate the understanding of some concept, or a team of three to four students might work together on some project. When checking out, however, each student must be able to demonstrate his/her competence in performing each task. See Module IE-8 for additional suggestions.

Teachers often ask about grading students. There is no easy solution to the problem of grading in a competency-based program. Some suggestions are given in Module IE-9, "Evaluating Students and Keeping Progress Records." The primary basis for grading is student performance on the Instructor's Final Checklist. You must devise a system of assigning grades. (See IE-7, "Evaluating Students and Keeping Student Progress Records.")

ADDRESSING STUDENTS WITH SPECIAL NEEDS

Identifying Students with Special Needs

Formulating a Basic Approach to Teaching

Using Special Strategies

Redirecting Teaching Strategies Usually Used

ADDRESSING STUDENTS WITH SPECIAL NEEDS

Some students may need special help in achieving competency. Ideas are presented here for helping identify those students and modifying materials and techniques to help them succeed.

Identifying Students with Special Needs

Generally speaking, those students who cannot succeed in the regular vocational education programs without special help are termed "students with special needs" (Vocational Educational Act of 1963 and Amendments). Persons most likely to be identified as students with special needs are the academically and economically disadvantaged and the handicapped--the mentally retarded, deaf and hard of hearing, speech impaired, emotionally disturbed, orthopedically (physically) impaired, health impaired, and learning disabled.

The handicapped are further identified as those (1) with a physical or mental disability that substantially impairs one or more major life activity--walking, seeing, hearing, speaking, working, or learning; (2) who have a record or history of such impairment or condition; and (3) are regarded as having an impairment (Rehabilitation Act of 1973). Women, minorities, the limited English speaking, and others likely to be underemployed or striving for equal opportunity in employment, when meeting the criteria for academic or economic deprivation, are specifically identified in the disadvantaged group to be given special help.

Formulating a Basic Approach to Teaching

Society recognizes the right of every individual to an appropriate education, and the law mandates giving persons with special needs an equal chance. In brief:

1. The Vocational Education Amendments of 1976 give special emphasis to developing and providing programs of vocational education for "those with special educational handicaps" and reserve moneys to do so.
2. The Education for All Handicapped Children Act of 1975 assures that all handicapped children between the ages of three to twenty-one have available to them a free, appropriate public education which relates to their unique needs and is provided in the least restrictive environment.
3. The Rehabilitation Act of 1973 prohibits discrimination on the basis of handicap in any program or activity receiving federal financial assistance and directs employers to take affirmative action in hiring handicapped people.
4. The Education Amendments of 1972 prohibit discrimination on the basis of sex in educational programs receiving or benefiting from federal financial assistance.

5. The Civil Rights Act of 1964 prohibits discrimination in employment on the basis of sex, race, color, religion, or national origin in any program or activity receiving federal financial assistance—including training for employment.

We must, then, provide equal opportunity to learn in our instructional processes.

Basically, an approach to teaching which recognizes individual differences in all students provides the best atmosphere for disadvantaged and handicapped students. This approach allows students to work at different rates; involves large group, small group, and individual instruction; incorporates a variety of instructional materials, media, and teaching techniques; and involves a variety of learning activities—reading, doing, discussing, listening, viewing, experiencing, sharing, cooperating, relating, using the senses, etc. It gives disadvantaged and handicapped students the dignity of exploring, learning, and facing the same experiences and responsibilities as other students, without limiting their possibilities by stereotyped concepts of what they can or cannot do.

It involves being organized, with students completely familiar with the teaching/learning plan. When beginning a CBVE class, for example, explain what learning to attain competencies means, how the students will carry out their work, how to use the modules, where to find materials, how and when tests will be given, how "passing" or competency is determined, and what your role as a teacher is.

It also means teacher direction for those students who are not self-directed learners—those with poor academic backgrounds who thrive on teacher interaction and need immediate feedback, instruction simplified, procedures modified, social development as well as specific job skills, role models, or other special aid. For these students, the learning activities described in the modules may become the teacher's lesson plan and utilized in large-group and small-group settings before the individual student attempts doing learning activities alone. The teacher-directed class might proceed as follows: teacher introduction to tasks to be performed by module or cluster of modules, explanation of what is to be learned and why, presentation of information in small chunks, demonstration of how, student tryout and practice, time for questions and answers, trial test followed by reteaching, and evaluation. The teacher will employ a variety of strategies to address the learning needs and styles of the student.

Using Special Strategies

In order to determine the most appropriate teaching strategies, assess the class for kinds of special help required, and develop a plan for meeting any unique needs. Refer to Mainstreaming Guidebook for Vocational Educators by Dahl, Appleby, and Lipe, Olympus Publishing Company, Salt Lake City, Utah 84105, for modifications and general classroom strategies for meeting the unique needs of the different handicapped populations.

Also, enlist the advice and help of employers, support personnel, and agencies and organizations serving disadvantaged and handicapped populations in your school system and geographic area.

Redirecting Teaching Strategies Usually Used

Many of the strategies usually used with regular students may be redirected or modified and also provide effective learning activities for students with special needs. An explanation of how this may be done follows.

AUDIO-VISUALS (films, filmstrips, slide/tape, videotapes, and ETV and commercial television programs). The combination of sight and sound provides more effective communication than either sight or sound alone. Audio-visuals may be used to supplement or replace other methods of presenting information. The hearing impaired will require captioning, signing, or a printed script written at the appropriate reading level or presenting only essential details. The visually impaired may glean information from the sound source, but additional explanation will need to be provided for any visual display of information which is not explained adequately by the narration. Some audio-visual presentations, particularly 8 mm and 16 mm films, may move too fast for the information to be grasped and need to be evaluated with this in mind.

CONTACT WITH WORK ENVIRONMENT. Handicapping conditions, limited finances, geographic isolation, cultural difference, limited communication skills, and social isolation have caused disadvantaged and handicapped persons to have little contact with the world of work. Familiarity with the work setting in which a particular job takes place, relationships with other workers, business use of the telephone, relationship of one's job to other jobs in the same business are just a few examples of areas where special students may require special exposure by means of field trips, spending a day on the job, viewing films, or having additional training sessions.

NOTE: For those with physical impairments, field trips, on-site job observations, and work experience opportunities will be limited to "accessible" businesses in the community. Before deciding where to go, determine whether the facilities are accessible.

DEMONSTRATION AND TRYOUT. Demonstration by teacher, experienced workers, and previously trained students provide reliable role models for learners. Steps, procedures, precautions, physical manipulation, and techniques are imprinted visually in the order and at the time they should occur in task performance. Immediate tryout of the task following the demonstration or an immediate attempt of each step, technique, or procedure as it is demonstrated provides students direct involvement, permits correction and clarification, and promotes retention. Tryout also identifies areas in performance steps, techniques, tools, and work environment where handicapped students need to have modification in order to perform tasks and meet industry standards.

ELIMINATION OF STEREOTYPING. Disadvantaged and handicapped people face more than the sex role stereotyping myths in their quest for employment. The following are just a few examples: "Deaf people are dumb." The best job for blind people is tuning pianos." "He'll never be able to do that; he's a cripple." "Mr. _____ was no good; so will be his son." "She can

never do that; her parents didn't go to college." In addition to overcoming the unfounded assumptions of others, disadvantaged and handicapped often have equal misconceptions about themselves thinking: "I can never do that." "_____, who is deaf does assembly line work; that's what I'll do, too." "I'll never be anybody."

Overcoming stereotyping may begin with using sex fair instructional materials and media, exploring interests and abilities, exploring two or three nontraditional jobs, or complimenting accomplishments. It may include planning how to reach an educational goal, providing role models (person with like handicap or socioeconomic background who has succeeded), as well as observing persons in nontraditional work roles. It means doing whatever raises aspirations and increases self-worth. It means attempting to eliminate underemployment.

EMPLOYER INVOLVEMENT. Programs with employer input are more practical and in line with the current needs of the job market. Employers who make input feel a special kinship to the program and get a chance to see the students before meeting them in the job market.

For disadvantaged and handicapped students, employer involvement offers a very special opportunity to remove common misconceptions about their capabilities. It enables employers to help with any modification needed, see students performing tasks, and observe how the students relate to others. It gives students a chance to prove that they can do the work, that they will not endanger themselves or others, and that they will not increase expenses. These are major employer concerns. Both students and teachers should be prepared to provide reassuring answers and evidence to show there is no more risk than with the nonhandicapped.

Employers may be involved by giving class presentations; giving suggestions for program improvement and modifications; conducting mock interviews; and providing work experience, observations and worker interviews, job analysis, etc.

HANDS-ON EXPERIENCES, PROBLEM SOLVING, PERSONAL INVOLVEMENT (work samples, tryout exercises, games, role playing). Being involved in a sample of work through completing a product, performing related paper work, or role playing interpersonal relationships on the job keeps students interested, holds attention to the learning tasks, and injects the realities of working and job performance in the teaching/learning situation. It makes the student feel that the instruction is practical and valuable. Accomplishment means "qualified for work"--a great boost to self-esteem for those who doubt self-worth.

The instructor and other students should avoid taking over when handicapped students are awkward or slow in completing a task. The student cannot master the skill if someone else does it.

ILLUSTRATIONS (pictures, graphs, bulletin boards, transparencies, and other visuals). The disadvantaged, the mentally retarded, and the hearing impaired, particularly, are especially oriented to visual methods of learning. Other students, with the exception of the blind and some visually impaired, will appreciate visual presentation of information to

be learned. Student handouts, with the steps to a task illustrated and briefly and simply explained, are especially helpful. Captioning and brief explanations are important supplements. Many illustrations may be adapted for the visually impaired by making them tactile (so that they can be felt). Sometimes enlarged print and bold outlines help.

INTERACTION; INDEPENDENCE. Economic deprivation, geographic isolation, cultural isolation, and restrictions on mobility and social relationships imposed by physical impairments have limited the experiences of the disadvantaged and the handicapped in the community at large. Many have no previous work experience, little observation of the worker's daily routine, and limited social experiences. They have been sheltered at home, absent from the scene, at best onlookers.

So that they will not continue in this role after vocational training, experiences in the community and involvement with nonhandicapped people and other students are of utmost importance. These students, as well as their families and the working community, need proof that they can function independently and competently. They need to establish contacts who can serve as references to recommend them as competent workers who can relate to others.

Field trips, worker interviews, cooperative work experience, spending a day on the job, giving talks before civic groups are, therefore, important to the acclimation of disadvantaged and handicapped students to the world of work. Participating in team work projects with other students; pairing with a slower or faster learning peer; pairing with a nonhandicapped, a nondisadvantaged, or person from another race or culture will help foster understanding and promote learning communication skills. Teaching special units dealing with related communication and social skills will also be necessary; for example: office etiquette, relationships with employer and other employees, daily work expectations which are not direct task performance, telephone skills, appropriate dress and grooming habits, to name a few.

LISTENING (explaining, discussing, reacting orally). Learning by listening is an important tool to the disadvantaged, the visually impaired, speech impaired, learning disabled, and others who "prefer to be told" or "have to be told" rather than read about it.

The visually impaired require identification of familiar sounds in the work place to determine location of different work areas, equipment functions, and hazards. The hearing impaired require sight substitutions, such as indicator lights, for critical sounds they cannot hear. They may use lip reading, interpreting, and sound conduction or amplification devices. The retarded need to become accustomed to the sounds of the work place so that they can work without being distracted. The speech impaired need to be accorded the right to listen although they may have trouble participating, or not be able to participate orally.

When information is presented for listening, instruction in how to listen (what to listen for) is important. An outline of the information presented, supplemented by visuals, tryout exercises, showing, completion

of a guidesheet questions to be answered, analysis of cases or problem situations, or other application activities will enhance use and retention of information heard.

Listening is a vocational skill as well as a learning skill. Workers must be able to receive information by listening as well as provide information for listening. Most on-the-job instruction is given orally. Explanation must be given to and received from customers, co-workers, and supervisors.

READING HELPS. Being fluent in the technical vocabulary or language of the job and able to read at the level required by the job is a part of occupational competency. On-the-job reading requirements may vary from the reading of signs to following instructions given in technical manuals. The instruction given in reading, then, for vocational purposes, will depend on the reading skills possessed by the student and the reading requirements of the job. Whether or not a supplemental class in remedial reading is offered, the vocational instructor will find providing reading helps also helps provide job skill.

Braille materials, large print textbooks, magnifying devices, and recordings may be provided for the visually impaired. Materials may be simplified or outlined for the hearing impaired and others with limited language skills. The native language may be supplied above the English for critical information in textbooks used by the limited English-speaking. Familiarity with the setting in which the printed information is applied may be given via field trips, demonstrations, or films to make reading easier and more meaningful.

Students with exceptional reading problems may require the help of a special reading teacher or be enrolled in a remedial reading program. Some schools employ vocational reading teachers to assist vocational students with developing vocational reading skills and doing the reading required in their programs.

RECORDING AND RECORDINGS (tapes, records, radio programs). Information may be presented and gained by listening to recorded information rather than reading. This strategy will aid the nonreader, the poor reader, the visually impaired, the learning disabled, and others through use as a variation of teaching technique. Recording is also a useful tool for the deaf in notetaking; the recording script may be transcribed into print later by a hearing individual. It will also provide instruction for those who have missed initial classroom presentation of information or who need review. Recordings may be supplemented by slides and pictures.

RELATED MATH. Competency in math, like competency in reading, is more critical to some jobs than to others. Math is best taught in relation to the task of which it is a part. This instruction should incorporate basic math and remedial math instruction as needed. A cooperative or team teaching effort with the math teachers or related math instructors in the school will relieve the burden on the vocational instructor. Enough practice and application exercises should be provided to insure retention of the math operations involved. It is helpful to compile a list of the

math competencies needed to complete the training program, prepare an assessment test to determine student skills, and plan in the beginning a program which the student can follow to attain the basic math competencies prerequisite to the course. If the skills cannot be acquired simultaneously to the job skill training program, the student should postpone entry into the course until the prerequisite skills are attained. It may be necessary to prepare a special manual and modules to provide the related math instruction.

REMEDIAL AND RETENTION EXERCISES. Doing learning activities does not necessarily make students occupationally competent. Performance must be observed, misunderstandings clarified, procedures and techniques corrected, and repetition called for at future time. Lesson planning should anticipate theory and tasks with which students are likely to have difficulty, include additional practice exercises, and provide alternate approaches to teaching. Repetition for retention should be provided, such as repetition of information in different media presentations or use of different types of application exercises. Review sessions, keeping notebooks, completing work samples, doing live work, and solving cases will also help.

SAFETY. The Occupational Health and Safety Act has increased employer concern for safety and underscored the importance of providing safety instruction along with task performance. It is especially important for the handicapped in two ways: (1) to overcome employer concern about the handicapped person's ability to take care of himself/herself and not endanger the lives of others; (2) to identify and deal with situations which are hazardous for persons because of particular handicaps.

To meet these needs for safety instruction, the handicapped student not only needs the basic or general safety instruction related to the occupation but safety instruction or special safety provisions needed for a person with his/her particular handicap. An example is the installation of a blinking light to tell a person who is deaf that equipment is running.

NOTE: The Kentucky Department of Labor, Occupational Safety and Health Program, Division of Education and Training, Frankfort, Kentucky 40601, Phone: (502) 564-6895, offers training programs to help vocational instructors teach safety.

SUPPORT SERVICES. Some students will require emotional, social, and financial support in order to succeed in the instructional programs. Others will need career counseling and special assistance in becoming employed. Government agencies, special schools, special personnel, and organizations for disadvantaged and handicapped persons can provide this help. The following are examples and should not be considered an all-inclusive list: resource room teachers, rehabilitation counselors, guidance counselors, tutors, remedial teachers, instructors in special schools, occupational therapists, diagnostic specialists, media personnel, handicapped workers, workers who are members of a minority group, social workers, and others who can serve as role models. Survey the community to identify who serves the needs of disadvantaged and handicapped persons in your area and incorporate their assistance in related learning activities.

UNIQUE MODIFICATIONS (modified equipment, tools, learning aids, changes in work environment, adaptations in course or training program content). Some students require special help in meeting physical job requirements. When considering modification, it is important to concentrate on what the student can do. If at all possible, enable the student to function in the work environment as it is usually found. Employers look favorably on handicapped persons with this kind of preparation.

Rehabilitation centers; organizations and schools for the blind, deaf, dyslectic, disabled, and the mentally handicapped; and publishers and manufacturers of special instructional materials, aids, and equipment can offer aid in meeting unique needs. Consultation with special education personnel and rehabilitation counselors is a good starting point. The student should also be asked to make suggestions.

Care should be taken to insure occupational competency. Prospective employers should be shown how the modification operates in the work setting and how it increases efficiency.

The previously described list of strategies is not exhaustive. Others may be added. All will need to be directed toward the occupation for which training is being given, the students enrolled, the availability of instructional materials, and the community. It is also important to remember that what works well for one group of students or a particular student will not necessarily work well for another.

INSTRUCTOR'S GUIDE

TO

LEARNING ACTIVITIES

Instructor's Guide Sheets

Master Copies of the Instructor's Final Checklist

Master Copies of the Check-Out Activity Sheets

Answer Keys for Check-Out Activity Sheets

LEARNING ABOUT RESPIRATORY THERAPY CAREERS

OBJECTIVE

Given a test about careers in respiratory therapy, answer the questions. The test must be completed with 100% accuracy.

CONTENTS OF MODULE

<u>Instruction Sheets</u>	<u>Learning Activity Number</u>
I CAREERS IN RESPIRATORY THERAPY	2
II THE RESPIRATORY THERAPY ASSISTANT (AIDE)	3
 <u>Student Self-Check</u>	
I RESPIRATORY THERAPY CAREERS.....	4
 <u>Instructor's Final Checklist</u>	
LEARNING ABOUT RESPIRATORY THERAPY CAREERS.....	6

CHECK-OUT ACTIVITY

Obtain a copy of the Check-Out Activity Sheet, RESPIRATORY THERAPY CAREERS, from your instructor. Complete the test and return it to your instructor for evaluation.

Check-Out Activity Sheet

RESPIRATORY THERAPY CAREERS.....	6
RESPIRATORY THERAPY CAREERS--ANSWER KEY.....	6

RECOMMENDED REFERENCES

_____, Allied Health Education Directory. Monroe, WI: American Medical Association Order Department (OP-391, P.O. Box 821), 1979.

LEARNING ABOUT RESPIRATORY THERAPY CAREERS

RECOMMENDED REFERENCES (continued)

Birchenall and Streight, Introduction to Health Careers. Philadelphia, PA: J. B. Lippincott Company, 1978.

Bureau of Labor Statistics, Occupational Outlook Handbook, 1978-79 Edition, Bulletin 1955. Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 1978.

Jones, Respiratory Therapy Assistant (Student Manual). Austin, TX: Center for Occupational Curriculum Development, Division of Continuing Education, The University of Texas at Austin, 1983.

Pincus, Respiratory Therapist Manual. Indianapolis, IN: The Bobbs-Merrill Company, 1975.

United States Department of Labor, Dictionary of Occupational Titles. Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 1977.

LEARNING ABOUT RESPIRATORY THERAPY CAREERS

LA#	NOTES AND SUGGESTIONS FOR INSTRUCTION	REFERENCES AND SPECIAL TOOLS AND EQUIPMENT	TEACHER'S NOTES
1		RECOMMENDED REFERENCES <u>Jones, Respiratory Therapy Assistant (Student Manual), pp. 1-11.</u> AND/OR <u>Pincus, Respiratory Therapist Manual, pp. 9-12.</u>	
2	An Answer Key is provided in this section of the manual. Answers may vary depending on the reference used.	RECOMMENDED REFERENCES <u>U.S. Department of Labor, Dictionary of Occupational Titles, p. 64.</u> AND/OR <u>Bureau of Labor Statistics, Occupational Outlook Handbook, 1978-79 Edition, pp. 485-487.</u> AND/OR <u>Birchenall and Streight, Introduction to Health Careers, pp. 110-112.</u> AND/OR <u>_____, Allied Health Education Directory, pp. 76-79, 95-96.</u> AND/OR <u>Pincus, Respiratory Therapist Manual, pp. 15-19.</u>	
3			
4	Student Self-Check		

LEARNING ABOUT RESPIRATORY THERAPY CAREERS

LA#	NOTES AND SUGGESTIONS FOR INSTRUCTION	REFERENCES AND SPECIAL TOOLS AND EQUIPMENT	TEACHER'S NOTES
5	Check each student's chart for completeness and accuracy.		
6	Provide a copy of the Check-Out Activity Sheet for each student. Check the tests using the Answer Key provided in this section of the manual. Use the Instructor's Final Checklist to check each student's performance.	--Copies of the Check-Out Activity Sheet, RESPIRATORY THERAPY CAREERS. (A Master Copy and an Answer Key are provided in this section of the manual.) --Copies of the Instructor's Final Checklist. (A Master Copy is provided in this section of the manual.)	

INSTRUCTION SHEET I

CAREERS IN RESPIRATORY THERAPY

1. The responsibilities of the respiratory therapist include:

Administering respiratory therapy care and life support to patients with deficiencies and abnormalities of the cardiopulmonary system, under the supervision of a physician and by prescription:

- Sets up and operates devices, such as respirators, mechanical ventilators, therapeutic gas administration apparatus, environmental control systems, and aerosol generators.
- Observes equipment gauges to insure that specified volumes are maintained.
- Performs bronchopulmonary drainage and assists the patient in performing breathing exercises.
- Monitors the patient's physiological responses to therapy, as well as to equipment function.
- Consults with the physician in the event of adverse reactions.
- Maintains the patient's chart that contains pertinent identification and therapy information.
- Inspects and tests respiratory therapy equipment to insure the proper operating conditions.
- Orders major repairs when needed.
- Demonstrates respirator care procedures to trainees and other health care personnel, if trained.

2. The respiratory therapist:

- Completes a two-year program in a hospital or community college approved by the AMA Council on Medical Education.
- Registers with the American Association of Respiratory Therapists, when requirements are met.
- Takes a certification exam, administered by the National Board for Respiratory Therapy.

3. The respiratory therapy technician:

- Administers various types of gas, aerosol, and breathing treatments.
- Assists with long-term continuous artificial ventilation.
- Cleans, sterilizes, and maintains respiratory therapy equipment.
- Maintains records of patients' therapy.

4. The respiratory therapy technician:

- Completes a one or two-year program offered by a community college or hospital.
- Applies to the National Board of Respiratory Therapy for examination for the Certified Respiratory Therapy Technician (CRTT) credential, if he/she has completed an AMA-approved technician training program and has one year of experience in respiratory therapy.

INSTRUCTION SHEET I, (page 2)

5. The respiratory therapy assistant (aide):

--Cleans, disinfects, and sterilizes equipment.

6. The respiratory therapy assistant (aide):

--Completes a short-term program in a vocational-technical school or receives on-the-job training.

CHECK-OUT ACTIVITY

RESPIRATORY THERAPY CAREERS

Directions: Answer the following test questions. When you have completed the test, return it to your instructor for final evaluation.

1. List three respiratory therapy careers.
2. List the chief task(s) for each of the respiratory therapy careers listed for Question #1.
3. What kind of training does each of the careers listed in Question #1 require?
4. Individuals who complete an AMA-approved therapist or technician training program and have experience in respiratory therapy may apply to the _____ for examination for the certification credential.

CHECK-OUT ACTIVITY SHEET

RESPIRATORY THERAPY CAREERS

ANSWER KEY

1. --Respiratory therapist
 --Respiratory therapy technician
 --Respiratory therapy assistant (aide)

2. --The respiratory therapist administers respiratory therapy care and life support to patients with deficiencies and abnormalities of the cardiopulmonary system, under the supervision of a doctor and by prescription.
 --The respiratory therapy technician administers various types of gas, aerosol, and breathing treatments; assists with long-term continuous artificial ventilation; cleans, sterilizes, and maintains respiratory therapy equipment; and maintains records of patients' therapy.
 --The respiratory therapy assistant (aide) cleans, disinfects, and sterilizes equipment. He/she helps the staff by performing non-technical duties that are essential to the proper functioning of the department.

3. --The respiratory therapist must complete a two-year program in a hospital or community college approved by the AMA Council on Medical Education.
 --The respiratory therapy technician must complete a one- or two-year program offered by a community college or hospital.
 --The respiratory therapy assistant (aide) may complete a short-term program in a vocational-technical school or may receive training on the job.

4. National Board for Respiratory Therapy

MASTER COPY

INSTRUCTOR'S FINAL CHECKLIST

LEARNING ABOUT RESPIRATORY THERAPY CAREERS

The student should be evaluated according to the performance ratings in the box. Indicate on a separate sheet of paper whether the student's performance for each item is Fully Accomplished, Partially Accomplished, Not Accomplished, or under certain circumstances, Not Applicable.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and instructor will decide which learning activities must be repeated.

Fully Accomplished	Partially Accomplished	Not Accomplished	Not Applicable
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The student completed the Check-Out Activity Sheet, RESPIRATORY THERAPY CAREERS, with 100% accuracy.....

[] [] [] []

LEARNING RESPIRATORY THERAPY TERMINOLOGYOBJECTIVES

- (1) Given a test about respiratory therapy terminology abbreviations, write the correct word(s) or phrase for each abbreviation. The test must be completed with 90% accuracy.
- (2) Given a test about respiratory therapy terminology, write the correct word(s) for each definition or description. The test must be completed with 90% accuracy.

CONTENTS OF MODULE

<u>Student Self-Check</u>	<u>Learning Activity Number</u>
I RESPIRATORY THERAPY ABBREVIATIONS.....	2
 <u>Instructor's Final Checklist</u>	
LEARNING RESPIRATORY THERAPY TERMINOLOGY.....	5

CHECK-OUT ACTIVITIES

- (1) Obtain a copy of Check-Out Activity Sheet I, RESPIRATORY THERAPY TERMINOLOGY ABBREVIATIONS, from your instructor. Complete the test and return it to your instructor for evaluation.
- (2) Obtain a copy of Check-Out Activity Sheet II, RESPIRATORY THERAPY TERMINOLOGY, from your instructor. Complete the test and return it to your instructor for evaluation.

Check-Out Activity Sheets

I RESPIRATORY THERAPY TERMINOLOGY ABBREVIATIONS....	5
I RESPIRATORY THERAPY TERMINOLOGY ABBREVIATIONS-- ANSWER KEY.....	5
II RESPIRATORY THERAPY TERMINOLOGY.....	5
II RESPIRATORY THERAPY TERMINOLOGY--ANSWER KEY.....	5

RECOMMENDED REFERENCE

Jones, Respiratory Therapy Assistant (Student's Manual). Austin, TX: Center for Occupational Curriculum Development, Division of Continuing Education, The University of Texas at Austin, 1983.

LEARNING RESPIRATORY THERAPY TERMINOLOGY

LA#	NOTES AND SUGGESTIONS FOR INSTRUCTION	REFERENCES AND SPECIAL TOOLS AND EQUIPMENT	TEACHER'S NOTES
1		RECOMMENDED REFERENCE <u>Jones, Respiratory Therapy Assistant,</u> pp. 16-17.	
2	Student Self-Check		
3	Review the index of respiratory therapy terms (<u>Jones, Respiratory Therapy Assistant,</u> pp. 17-18) with the students. Point out the terms that they will need to learn. Then, have them read the terms and definitions in the recommended reference. If you do not have the recommended reference, have the students research terms listed on the RESPIRATORY THERAPY TERMINOLOGY LISTING, provided in this section of the manual. Review the students' definitions of terms when they have completed their research.	RECOMMENDED REFERENCE <u>Jones Respiratory Therapy Assistant,</u> pp. 17-18; 18-38. --Medical dictionary	
4	Have a "respiratory therapy terminology drill" to review terms and abbreviations. The drill can be conducted like a "spelling bee."		

LEARNING RESPIRATORY THERAPY TERMINOLOGY

LA#	NOTES AND SUGGESTIONS FOR INSTRUCTION	REFERENCES AND SPECIAL TOOLS AND EQUIPMENT	TEACHER'S NOTES
5	Provide a copy of each Check-Out Activity Sheet for each student. Check the tests using the Answer Key provided in this section of the manual. Use the Instructor's Final Checklist to check each student's performance.	--Copies of the Check-Out Activity Sheet I, RESPIRATORY THERAPY TERMINOLOGY ABBREVIATIONS, and Check-Out Activity Sheet II, RESPIRATORY THERAPY TERMINOLOGY. (Master Copies and Answer Keys are provided in this section of the manual.) --Copies of the Instructor's Final Checklist. (A Master Copy is provided in this section of the manual.)	

RESPIRATORY THERAPY TERMINOLOGY LISTING

- | | |
|----------------------|---|
| 1. Absolute humidity | 26. Inspiratory positive pressure breathing |
| 2. Aerosolization | 27. Larynx |
| 3. Apnea | 28. Manometer |
| 4. Asphyxia | 29. Nebulizer |
| 5. Aspiration | 30. Palpation |
| 6. Asthma | 31. Pertussis |
| 7. Auscultation | 32. Pneumothorax |
| 8. Bronchitis | 33. Regulator |
| 9. Bronchodilator | 34. Relative humidity |
| 10. Bronchopneumonia | 35. Resuscitation |
| 11. Bronchorrhagia | 36. Sphygmomanometer |
| 12. Cyanosis | 37. Sputum |
| 13. Cylinder | 38. Stethoscope |
| 14. Decongestant | 39. Systolic |
| 15. Diastolic | 40. Tachypnea |
| 16. Dyspnea | 41. Thoracic |
| 17. Emphysema | 42. Thorax |
| 18. Esophagus | 43. Trachea |
| 19. Expiration | |
| 20. Humidifier | |
| 21. Hypercapnia | |
| 22. Hyperventilation | |
| 23. Hypoventilation | |
| 24. Hypoxemia | |
| 25. Hypoxia | |

CHECK-OUT ACTIVITY SHEET I

RESPIRATORY THERAPY TERMINOLOGY ABBREVIATIONS

Directions: Write the correct word(s) or phrase for the following respiratory therapy terminology abbreviations. When you have completed the test, return it to your instructor for evaluation.

1. p.o.
2. S.O.B.
3. I.V.
4. ad lib.
5. ICU
6. RRT
7. O₂
8. AART
9. Q.h.
10. IPPB
11. H₂O
12. COPD
13. p.r.n.
14. CRTT
15. b.i.d.

CHECK-OUT ACTIVITY SHEET I

RESPIRATORY THERAPY TERMINOLOGY ABBREVIATIONS

ANSWER KEY

1. oral; by mouth
2. shortness of breath
3. intravenous
4. as desired
5. intensive care unit
6. registered respiratory therapist
7. oxygen
8. American Association for Respiratory Therapy
9. every hour
10. inspiratory (intermittent) positive pressure breathing
11. water
12. Chronic Obstructive Pulmonary Disease
13. when needed
14. certified respiratory therapy technician
15. twice daily

CHECK-OUT ACTIVITY SHEET II

RESPIRATORY THERAPY TERMINOLOGY*

Directions: Write the correct word(s) for each of the following definitions or descriptions. When you have completed the test, return it to your instructor for evaluation.

- _____ 1.
- _____ 2.
- _____ 3.
- _____ 4.
- _____ 5.
- _____ 6.
- _____ 7.
- _____ 8.
- _____ 9.
- _____ 10.
- _____ 11.
- _____ 12.
- _____ 13.
- _____ 14.
- _____ 15.
- _____ 16.
- _____ 17.
- _____ 18.
- _____ 19.
- _____ 20.

*NOTE TO THE INSTRUCTOR: For this Check-Out Activity, supply a list of definitions or descriptions of pertinent respiratory therapy terminology.

CHECK-OUT ACTIVITY SHEET II

RESPIRATORY THERAPY TERMINOLOGY*

ANSWER KEY

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

*NOTE: The answers will depend on the instructor's selection of terminology definitions or descriptions.

MASTER COPY

INSTRUCTOR'S FINAL CHECKLIST**LEARNING RESPIRATORY THERAPY TERMINOLOGY**

The student should be evaluated according to the performance ratings in the box. Indicate on a separate sheet of paper whether the student's performance for each item is Fully Accomplished, Partially Accomplished, Not Accomplished, or under certain circumstances, Not Applicable.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and instructor will decide which learning activities must be repeated.

Fully Accomplished	Partially Accomplished	Not Accomplished	Not Applicable
-----------------------	---------------------------	---------------------	-------------------

- (1) The student completed Check-Out Activity Sheet I, RESPIRATORY THERAPY TERMINOLOGY ABBREVIATIONS, with 90% accuracy.....

[] [] [] []

- (2) The student completed Check-Out Activity Sheet II, RESPIRATORY THERAPY TERMINOLOGY, with 90% accuracy.....

[] [] [] []

ASSISTING WITH OXYGEN ADMINISTRATION**OBJECTIVE**

Provided a patient, physician's orders, and the necessary equipment and supplies, assist with the administration of oxygen as directed by your supervisor. Your performance will be rated by the Instructor's Final Checklist. All items on the checklist must be fully accomplished.

CONTENTS OF MODULE

<u>Instruction Sheet</u>	<u>Learning Activity Number</u>
I OXYGEN THERAPY TERMINOLOGY.....	1
<u>Student Self-Checks</u>	
I OXYGEN AND RELATED EQUIPMENT.....	3
II OXYGEN: DANGERS AND PRECAUTIONS.....	5
III OXYGEN: DELIVERY METHODS.....	7
<u>Instructor's Final Checklist</u>	
ASSISTING WITH OXYGEN ADMINISTRATION.....	11

CHECK-OUT ACTIVITY

A patient, physician's orders, and the necessary equipment and supplies will be provided. Assist with the administration of oxygen as directed by your supervisor.

RECOMMENDED REFERENCES

Jones, Respiratory Therapy Assistant. Austin, TX: Center for Occupational Curriculum Development, Division of Continuing Education, The University of Texas at Austin, 1983.

Pincus, Respiratory Therapist Manual. Indianapolis, IN: The Bobbs-Merrill Company, 1975.

ASSISTING WITH OXYGEN ADMINISTRATION

LA#	NOTES AND SUGGESTIONS FOR INSTRUCTION	REFERENCES AND SPECIAL TOOLS AND EQUIPMENT	TEACHER'S NOTES
1			
2		RECOMMENDED REFERENCE <u>Pincus, Respiratory Therapist Manual,</u> pp. 20-28.	
3	Student Self-Check		
4		RECOMMENDED REFERENCE <u>Pincus, Respiratory Therapist Manual,</u> pp. 30-33.	
5	Student Self-Check		
6		RECOMMENDED REFERENCE <u>Pincus, Respiratory Therapist Manual,</u> pp. 34-47. <u>OR</u> <u>Jones, Respiratory Therapy Assistant,</u> pp. 48-51.	
7	Student Self-Check <u>Note:</u> The student self-check is based on the Pincus reference. You may want to revise it.		
8	As the supervisor administers oxygen, have the students take notes regarding the procedure.		

ASSISTING WITH OXYGEN ADMINISTRATION

LA#	NOTES AND SUGGESTIONS FOR INSTRUCTION	REFERENCES AND SPECIAL TOOLS AND EQUIPMENT	TEACHER'S NOTES
	After the demonstration, discuss the students' notes and clarify any items as necessary.		
9	Have the students view an audio-visual material about oxygen administra- tion. Advanced students may want to read in the recommended reference.	--Filmstrip projector / --Projection screen --Cassette tape player --Filmstrip: Trainex, "Oxygen Administration." <u>RECOMMENDED REFERENCE</u> Blodgett, <u>Manual of Respiratory Care Pro- cedures</u> . Philadelphia, PA: J. B. Lippincott Company, 1980.	
10	Show the students how to complete patient charge slips. Then, have them practice filling out patient charge slips.	--Patient charge slips	
11	Have the students check out on assisting with oxygen administration, under the direction of the supervisor. Use the Instructor's Final Checklist to check each student's performance.	--Patient --Physician's orders --Equipment and supplies as designated by the supervisor --Copies of the Instruc- tor's Final Checklist. (A Master Copy is pro- vided in this section of the manual.)	

INSTRUCTOR'S FINAL CHECKLIST

ASSISTING WITH OXYGEN ADMINISTRATION

The student should be evaluated according to the performance ratings in the box. Indicate on a separate sheet of paper whether the student's performance for each item is Fully Accomplished, Partially Accomplished, Not Accomplished, or under certain circumstances, Not Applicable.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and instructor will decide which learning activities must be repeated.

Fully Accomplished	Partially Accomplished	Not Accomplished	Not Applicable
-----------------------	---------------------------	---------------------	-------------------

In assisting with oxygen administration, the student:

- | | | | | |
|---|-----|-----|-----|-----|
| a. Followed the supervisor's directions..... | [] | [] | [] | [] |
| b. Assembled the equipment according to the method indicated by supervisor..... | [] | [] | [] | [] |
| c. Washed hands..... | [] | [] | [] | [] |
| d. Identified the patient and explained the procedure as directed by supervisor..... | [] | [] | [] | [] |
| e. Placed "NO SMOKING" signs and instructed the patient and visitors not to smoke..... | [] | [] | [] | [] |
| f. Connected tubing, flow meter, and humidifier to the tank or outlet properly and tested the functioning of the equipment..... | [] | [] | [] | [] |
| g. Adjusted the oxygen flow as prescribed.... | [] | [] | [] | [] |
| h. Adjusted the cannula, mask, and catheter strap to fit the patient..... | [] | [] | [] | [] |
| i. Made the patient as comfortable as possible..... | [] | [] | [] | [] |
| j. Completed the appropriate charge slips.... | [] | [] | [] | [] |

SETTING UP A MIST TENT OR VAPORIZER**OBJECTIVES**

- (1) Provided a patient, mist tent, supervisor's orders, and the necessary equipment and supplies, set up the mist tent. Performance will be evaluated according to the Instructor's Final Checklist. All items on the checklist must be fully accomplished.
- (2) Provided a patient, supervisor's orders, vaporizer, and the necessary equipment and supplies, set up the vaporizer. Performance will be evaluated according to the Instructor's Final Checklist. All items on the checklist must be fully accomplished.

CONTENTS OF MODULE

<u>Instruction Sheets</u>	<u>Learning Activity Number</u>
I SETTING UP A MIST TENT.....	1
II SETTING UP A VAPORIZER.....	6
 <u>Student Self-Checks</u>	
I SETTING UP A MIST TENT.....	5
II SETTING UP A VAPORIZER.....	9
 <u>Instructor's Final Checklist</u>	
SETTING UP A MIST TENT OR VAPORIZER.....	10

CHECK-OUT ACTIVITIES

- (1) A patient, mist tent, supervisor's orders, and the necessary equipment and supplies will be provided. Set up the mist tent.
- (2) A patient, supervisor's orders, vaporizer, and the necessary equipment and supplies will be provided. Set up the vaporizer.

RECOMMENDED REFERENCES

Jones, Respiratory Therapy Assistant. Austin, TX: Center for Occupational Curriculum Development, Division of Continuing Education, The University of Texas at Austin, 1983.

Pincus, Respiratory Therapist Manual. Indianapolis, IN: The Bobbs-Merrill Company, Inc., 1975.

SETTING UP A MIST TENT OR VAPORIZER

LA#	NOTES AND SUGGESTIONS FOR INSTRUCTION	REFERENCES AND SPECIAL TOOLS AND EQUIPMENT	TEACHER'S NOTES
1			
2		RECOMMENDED REFERENCE <u>Pincus, Respiratory Therapist Manual,</u> pp. 42-43. OR <u>Jones, Respiratory Therapy Assistant,</u> pp. 55-61.	
3	Demonstrate how to set up a mist tent.	--Croupette/mist tent --Ice --Water --Oxygen or compressed air --Rubber sheet or cotton blanket	
4	Have the students prac- tice setting up a mist tent.	--See list for LA #3.	
5	Student Self-Check		
6			
7	Demonstrate how to set up a vaporizer.	--Vaporizer --Distilled water --Towel or blanket	
8	Have the students prac- tice setting up a vaporizer.	--See list for LA #7.	
9	Student Self-Check		
10	(1) Have the students check out on setting up a mist tent.	--See list for LA #3.	

SETTING UP A MIST TENT OR VAPORIZER

LA#	NOTES AND SUGGESTIONS FOR INSTRUCTION	REFERENCES AND SPECIAL TOOLS AND EQUIPMENT	TEACHER'S NOTES
10	(2) Have the students check out on setting up a vaporizer. Use the Instructor's Final Checklist to check each student's performance.	--See list for LA #7. --Copies of the Instruc- tor's Final Checklist. (A Master Copy is pro- vided in this section of the manual.)	

INSTRUCTOR'S FINAL CHECKLIST

SETTING UP A MIST TENT OR VAPORIZER

The student should be evaluated according to the performance ratings in the box. Indicate on a separate sheet of paper whether the student's performance for each item is Fully Accomplished, Partially Accomplished, Not Accomplished, or under certain circumstances, Not Applicable.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and instructor will decide which learning activities must be repeated.

Fully Accomplished	Partially Accomplished	Not Accomplished	Not Applicable
-----------------------	---------------------------	---------------------	-------------------

(1) In setting up a mist tent, the student:

- | | | | | |
|---|-----|-----|-----|-----|
| a. Followed the supervisor's orders..... | [] | [] | [] | [] |
| b. Assembled the equipment and supplies..... | [] | [] | [] | [] |
| c. Washed hands..... | [] | [] | [] | [] |
| d. Assembled the mist tent (croupette) with oxygen setup or compressed air pump..... | [] | [] | [] | [] |
| e. Filled the trough at the back of the mist tent (croupette) with ice and tap water..... | [] | [] | [] | [] |
| f. Filled nebulizer jar 3/4 full of distilled water..... | [] | [] | [] | [] |
| g. Flushed the tent with oxygen or compressed air..... | [] | [] | [] | [] |
| h. Adjusted flow according to order before placing patient in tent..... | [] | [] | [] | [] |
| i. Provided for the patient's comfort and safety..... | [] | [] | [] | [] |
| j. Asked supervisor to check the work... | [] | [] | [] | [] |

(2) In setting up a vaporizer, the student:

- | | | | | |
|--|-----|-----|-----|-----|
| a. Followed the supervisor's orders..... | [] | [] | [] | [] |
| b. Washed hands..... | [] | [] | [] | [] |
| c. Assembled the equipment and supplies..... | [] | [] | [] | [] |
| d. Identified the patient and explained the procedure..... | [] | [] | [] | [] |

INSTRUCTOR'S FINAL CHECKLIST, (page 2)

The student should be evaluated according to the performance ratings in the box. Indicate on a separate sheet of paper whether the student's performance for each item is Fully Accomplished, Partially Accomplished, Not Accomplished, or under certain circumstances, Not Applicable.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and instructor will decide which learning activities must be repeated.

Fully Accomplished	Partially Accomplished	Not Accomplished	Not Applicable
-----------------------	---------------------------	---------------------	-------------------

- | | | | | |
|---|-----|-----|-----|-----|
| e. Filled the vaporizer to prescribed level with water..... | [] | [] | [] | [] |
| f. Connected the vaporizer to the electrical outlet..... | [] | [] | [] | [] |
| g. Directed the vapor stream above the patient..... | [] | [] | [] | [] |
| h. Provided for the patient's comfort and safety..... | [] | [] | [] | [] |
| i. Asked supervisor to check the work... | [] | [] | [] | [] |

PROVIDING FOR RESPIRATORY CLEARANCE**OBJECTIVE**

Provided a patient, a supervisor's orders for postural drainage, and the necessary equipment and supplies, assist the patient with postural drainage. The procedure will be evaluated by the Instructor's Final Checklist. All items on the checklist must be completed acceptably. The procedure must be performed under the supervision of a trained respiratory therapist and/or physician.

CONTENTS

<u>Instruction Sheet</u>	<u>Learning Activity Number</u>
I ASSISTING WITH POSTURAL DRAINAGE.....	2
 <u>Student Self-Check</u>	
I ASSISTING WITH POSTURAL DRAINAGE.....	4
 <u>Instructor's Final Checklist</u>	
PROVIDING FOR RESPIRATORY CLEARANCE.....	8

CHECK-OUT ACTIVITY

A patient, supervisor's orders, and the necessary equipment and supplies will be provided. Assist the patient with postural drainage.

RECOMMENDED REFERENCE

Jones, Respiratory Therapy Assistant. Austin, TX: Center for Occupational Curriculum Development, Division of Continuing Education, The University of Texas at Austin, 1983.

RECOMMENDED AUDIO-VISUAL MATERIALS

Trainex, "Postural Drainage, Clapping, and Vibration." Garden Grove, CA: Trainex Corporation.

PROVIDING FOR RESPIRATORY CLEARANCE

LA#	NOTES AND SUGGESTIONS FOR INSTRUCTION	REFERENCES AND SPECIAL TOOLS AND EQUIPMENT	TEACHER'S NOTES
1		RECOMMENDED REFERENCE Jones, <u>Respiratory Therapy Assistant</u>, pp. 62-68.	
2			
3	After viewing the film-strip, review some of the learnings about postural drainage as presented.	--Filmstrip projector --Projection screen --Tape recorder/player --Filmstrip: Trainex, "Postural Drainage, Clapping, and Vibration." Order from: Trainex Corporation 12601 Industry Street Garden Grove, CA 92641 Toll-free telephone number: (800) 854-2485	
4	Student Self-Check		
5	You may want to purchase a copy of the recommended reference. It contains numerous procedures that the respiratory therapy aide may be trained to do--coughing maneuvers, sterilization procedures, etc. Have students take notes as they observe postural drainage. Students will give procedures better attention if notes are taken. Discuss the notes after observation is completed.	RECOMMENDED REFERENCE Blodgett, <u>Manual of Respiratory Care Procedures</u>. Philadelphia, PA: J. B. Lippincott Company, 1980.	

PROVIDING FOR RESPIRATORY CLEARANCE

LA#	NOTES AND SUGGESTIONS FOR INSTRUCTION	REFERENCES AND SPECIAL TOOLS AND EQUIPMENT	TEACHER'S NOTES
6	As students practice drainage exercises, have them use the notes taken during the demonstration.		
7	You may find it effective to have a student critique this process as to its correctness.		
8	Use the Instructor's Final Checklist to check each student's performance when assisting a patient with postural drainage.	--Copies of the Instructor's Final Checklist. (A Master Copy is provided in this section of the manual.)	

INSTRUCTOR'S FINAL CHECKLIST

PROVIDING FOR RESPIRATORY CLEARANCE

The student should be evaluated according to the performance ratings in the box. Indicate on a separate sheet of paper whether the student's performance for each item is Fully Accomplished, Partially Accomplished, Not Accomplished, or under certain circumstances, Not Applicable.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and instructor will decide which learning activities must be repeated.

Fully Accomplished	Partially Accomplished	Not Accomplished	Not Applicable
-----------------------	---------------------------	---------------------	-------------------

In assisting the patient with postural drainage, the student:

- | | |
|---|---------------------|
| a. Followed supervisor's directions for postural exercise positions to be used | [] [] [] [] [] |
| b. Assembled the equipment and supplies | [] [] [] [] [] |
| c. Identified the patient, provided privacy, and explained the procedure and purpose of the treatment | [] [] [] [] [] |
| d. Washed hands | [] [] [] [] [] |
| e. Positioned the patient in the specific postural drainage exercise positions, being aware of safety for the patient in changing positions | [] [] [] [] [] |
| f. Followed each position change with cupping, vibrating, breathing, and coughing, allowing secretions to drain in receptacle | [] [] [] [] [] |
| g. Allowed the patient to rest sufficiently between position changes | [] [] [] [] [] |
| h. Assisted the patient to regain comfortable position in bed and provided for the patient's oral hygiene | [] [] [] [] [] |
| i. Removed and cleaned all equipment | [] [] [] [] [] |
| j. Had the supervisor check and record the procedures | [] [] [] [] [] |

INSTRUCTING AND ASSISTING WITH BREATHING EXERCISES

OBJECTIVE

Provided a patient, a supervisor's orders for breathing exercises, and the necessary equipment and supplies, assist the patient with the breathing exercises. Instructions must be understood as evidenced by the patient's demonstration of the breathing exercise, and the patient must be encouraged to complete the duration of the exercise as specified on the order.

CONTENTS OF MODULE

<u>Instruction Sheet</u>	<u>Learning Activity Number</u>
I INSTRUCTING AND ASSISTING WITH BREATHING EXERCISES.....	2
 <u>Student Self-Check</u>	
I INSTRUCTING AND ASSISTING WITH BREATHING EXERCISES.....	3
 <u>Instructor's Final Checklist</u>	
INSTRUCTING AND ASSISTING WITH BREATHING EXERCISES...	6

CHECK-OUT ACTIVITY

Assist a patient with breathing exercises.

RECOMMENDED AUDIO-VISUAL MATERIALS

Trainex, "The Best Medicine for Emphysema is You." Garden Grove, CA: Trainex Corporation.

INSTRUCTING AND ASSISTING WITH BREATHING EXERCISES

LA#	NOTES AND SUGGESTIONS FOR INSTRUCTION	REFERENCES AND SPECIAL TOOLS AND EQUIPMENT	TEACHER'S NOTES
1		--Filmstrip projector --Projection screen --Tape recorder/player --Filmstrip: Trainex, "The Best Medicine for Emphysema is You." Order from: Trainex Corporation 12601 Industry Street Garden Grove, CA 92641 Toll free: (800) 854- 2485	
2			
3	Student Self-Check		
4			
5	Have the students practice instructing and assisting a patient (classmate) with breathing exercises.	--Classmate --Blow bottles --Water in a glass --Straw	
6	Use the Instructor's Final Checklist to check each student's performance in instructing and assisting a patient with breathing exercises.	--Copies of the Instructor's Final Checklist. (A Master Copy is provided in this section of the manual.)	

INSTRUCTOR'S FINAL CHECKLIST

INSTRUCTING AND ASSISTING WITH BREATHING EXERCISES

The student should be evaluated according to the performance ratings in the box. Indicate on a separate sheet of paper whether the student's performance for each item is Fully Accomplished, Partially Accomplished, Not Accomplished, or under certain circumstances, Not Applicable.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and instructor will decide which learning activities must be repeated.

Fully Accomplished	Partially Accomplished	Not Accomplished	Not Applicable
-----------------------	---------------------------	---------------------	-------------------

In instructing and assisting the patient with breathing exercises, the student:

- Provided instructions for each exercise so that the patient could understand and demonstrate the breathing exercises..... ☐ ☐ ☐ ☐
- Encouraged the patient to complete the duration of the exercise as specified on the order..... ☐ ☐ ☐ ☐

RECOMMENDED REFERENCES/AUDIO-VISUALS MATERIALS LISTING
FOR THE RESPIRATORY THERAPY AIDE MODULES

On the following pages, you will find a listing of the recommended references and audio-visual materials for the respiratory therapy aide modules. These references/AV are listed by module number and by learning activity number. The assigned readings/AV must be posted for the students to use when they are going through the modules.

You may add additional readings to the listing or you may make substitutions. Where a recommended reference is specified, the student must often read the pages specified in order to be able to check out of the module. This is especially true when the check-out activity is a written test that is built around information provided in the module and in the specified pages of the recommended references. Be sure to develop the written test based on the information you require the students to read.

Additional references may also be suggested in the Instructor's Guide Sheets. They may provide complementary information at a more in-depth level or on a more basic level. You should determine which of the additional references you have available and post assignments according to the needs of your students. Either add the references to the RECOMMENDED REFERENCES/AV MATERIALS LISTING. . . as additional readings or make a supplementary listing to post.

Audio-visual materials have not been listed on this listing because the ones that have been recommended in the Instructor's Guide Sheets may not be available in your classroom, so you may need to write in an audio-visual that you do have. Where an AV is suggested in the modules, the Learning Activity number is on this listing and we have allowed space for you to write in the name of the audio-visual material.

RESPIRATORY THERAPY AIDE MODULES

MODULE NUMBER	LA #	RECOMMENDED REFERENCES/AV MATERIALS
HS-RT-1	1	TOPIC: The history of, or the introduction to, respiratory therapy Jones, <u>Respiratory Therapy Assistant</u> (Student Manual), pp. 1-11. AND/OR Pincus, <u>Respiratory Therapist Manual</u>, pp. 9-12.
	2	TOPIC: Careers in respiratory therapy U.S. Department of Labor, <u>Dictionary of Occupational Titles</u>, p. 64. AND/OR Bureau of Labor Statistics, <u>Occupational Outlook Handbook</u>, 1978-79 Edition, pp. 485-487. AND/OR Birchenall and Streight, <u>Introduction to Health Careers</u>, pp. 110-112. AND/OR Allied Health Education Directory, pp. 76-79, 95-96. AND/OR Pincus, <u>Respiratory Therapist Manual</u>, pp. 15-19.
HS-RT-2	1	TOPIC: Medical abbreviations and symbols commonly used in respiratory therapy Jones, <u>Respiratory Therapy Assistant</u> (Student Manual), pp. 16-17.
	3	TOPIC: Index of respiratory therapy terms Jones, <u>Respiratory Therapy Assistant</u> (Student Manual), pp. 17-18; 18-38.

RESPIRATORY THERAPY AIDE MODULES

MODULE NUMBER	LA #	RECOMMENDED REFERENCES/AV MATERIALS
HS-RT-3	2	TOPIC: Oxygen and related equipment Pincus, <u>Respiratory Therapist Manual</u>, pp. 20-28.
	4	TOPIC: The dangers of oxygen administration and the precautions that must be taken when oxygen is being administered Pincus, <u>Respiratory Therapist Manual</u>, pp. 30-33.
	6	TOPIC: The delivery modes of oxygen Pincus, <u>Respiratory Therapist Manual</u>, pp. 34-47. OR Jones, <u>Respiratory Therapy Assistant</u> (Student Manual), pp. 48-54.
HS-RT-4	2	TOPIC: The croup tent Pincus, <u>Respiratory Therapist Manual</u>, pp. 42-43.
		OR Jones, <u>Respiratory Therapy Assistant</u> (Student Manual), pp. 55-61.
HS-RT-5	1	TOPIC: Inspiratory (Intermittent) pulmonary exercises and clearance techniques Jones, <u>Respiratory Therapy Assistant</u> (Student Manual), pp. 62-68.

RESPIRATORY THERAPY AIDE MODULES

MODULE NUMBER	LA #	RECOMMENDED REFERENCES/AV MATERIALS
HS-RT-5	3	AV TOPIC: Postural drainage, clapping, and vibration
HS-RT-6	1	AV TOPIC: The treatment for emphysema

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HEALTH SERVICES: CLINICAL
RESPIRATORY THERAPY AIDE
INSTRUCTOR'S PACKAGE

MODULES HS-RT 1-6

STUDENT PACKAGE

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Health Services: Clinical

LEARNING ABOUT RESPIRATORY THERAPY CAREERS

INTRODUCTION

Respiratory therapy is a rapidly growing allied health field. Personnel in respiratory therapy assist in the care and treatment of patients who are seriously ill with respiratory problems. The two main levels of personnel are respiratory therapists and respiratory technicians. Both types of personnel are employed in hospitals, nursing homes, clinics, physicians' offices, and other types of health agencies. In this module, you will learn about the different career opportunities in respiratory therapy.

DIRECTIONS

Read the objective below. If you think that you are already able to perform the task, read the Check-Out Activity on the back cover. Then either arrange with your instructor about doing the Check-Out Activity,

or

If you need to complete learning activities in order to be able to do the task, find the Learning Activities inside this module and go through them in the order in which they are listed.

OBJECTIVE

Given a test about careers in respiratory therapy, answer the questions. The test must be completed with 100% accuracy.

LEARNING ACTIVITIES

1. READ about the history of, or the introduction to, respiratory therapy in the reference(s) provided by your instructor.
(or) _____
2. RESEARCH the answers to the questions on Instruction Sheet I, CAREERS IN RESPIRATORY THERAPY, using the reference(s) provided by your instructor.
(or) _____
3. READ Instruction Sheet II, THE RESPIRATORY THERAPY ASSISTANT (AIDE).
(or) _____
4. COMPLETE Student Self-Check I, RESPIRATORY THERAPY CAREERS.
5. DRAW an organization chart that illustrates the personnel employed in the respiratory therapy department of the clinical facility for which you work. HAVE your instructor or supervisor check your work for completeness and accuracy.
(or) _____
6. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITY listed on the back page of this module.

INSTRUCTION SHEET I

CAREERS IN RESPIRATORY THERAPY

Directions: Research the answers to the following questions using the reference(s) provided by your instructor. Write your answers on a separate sheet of paper. Check your answers against those provided by your instructor.

1. What are the responsibilities of the respiratory therapist?
2. Tell about the education requirements and registration of the respiratory therapist.
3. List the responsibilities of the respiratory therapy technician.
4. Tell about the education requirements and certification of the respiratory therapy technician.
5. List the duties of the respiratory therapy assistant (aide).
6. What are the educational requirements of the respiratory therapy assistant (aide)?

INSTRUCTION SHEET II

THE RESPIRATORY THERAPY ASSISTANT (AIDE)

A variety of respiratory therapy assistants (aides) may work in the respiratory therapy department. An assistant (aide) helps the staff by performing non-technical duties that are essential to the proper functioning of the department. He/she usually cleans, disinfects, and sterilizes equipment. Some assistants (aides) transport patients to the treatment area.

Preparation for the job of respiratory therapy assistant (aide) may take place in high school or in the vocational-technical school. Many are trained in on-the-job situations.

STUDENT SELF-CHECK I

RESPIRATORY THERAPY CAREERS

Directions: Write your answers to the following questions on a separate sheet of paper. Check your answers against those provided on page 6.

1. List three tasks performed by the respiratory therapist.
2. List three tasks performed by the respiratory therapy technician.
3. What is the chief responsibility of the respiratory therapy assistant (aide)?
4. What kind of training do the following professionals receive?
 - a. Respiratory therapist
 - b. Respiratory therapy technician
 - c. Respiratory therapy assistant (aide)

STUDENT SELF-CHECK I

RESPIRATORY THERAPY CAREERS

ANSWER KEY

1. Any three of the following or similar tasks:

- Sets up and operates devices for respiratory therapy.
- Observes equipment gauges to insure that specified volumes are maintained.
- Performs bronchopulmonary drainage and assists the patient in performing breathing exercises.
- Monitors the patient's physiological responses to therapy.
- Consults with the physician in the event of adverse reactions.
- Maintains the patient's chart that contains pertinent identification and therapy information.
- Inspects and tests respiratory therapy equipment to insure the proper operating condition.
- Orders major repairs when needed.
- May demonstrate respirator care procedures to trainees and other health care personnel.

2. Any three of the following or similar tasks:

- Administers various types of gas, aerosol, and breathing treatments.
- Assists with long-term continuous artificial ventilation.
- Cleans, sterilizes, and maintains respiratory therapy equipment.
- Maintains records of patient's therapy.

3. The respiratory therapy assistant (aide) cleans, disinfects, and sterilizes equipment. He/she helps the staff by performing non-technical duties that are essential to the proper functioning of the department. Some assistants (aides) transport patients to the treatment area.

4. a. The respiratory therapist must complete a two-year program in a hospital or community college approved by the AMA Council on Medical Education.
- b. The respiratory therapy technician must complete a one- or two-year program offered by a community college or hospital.
- c. The respiratory therapy assistant (aide) may complete a short-term program in a vocational school or may receive training on the job.

INSTRUCTOR'S FINAL CHECKLIST

LEARNING ABOUT RESPIRATORY THERAPY CAREERS

The student should be evaluated according to the performance ratings in the box. Indicate on a separate sheet of paper whether the student's performance for each item is Fully Accomplished, Partially Accomplished, Not Accomplished, or under certain circumstances, Not Applicable.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and instructor will decide which learning activities must be repeated.

Fully Accomplished	Partially Accomplished	Not Accomplished	Not Applicable
-----------------------	---------------------------	---------------------	-------------------

The student completed the Check-Out Activity Sheet, RESPIRATORY THERAPY CAREERS, with 100% accuracy.....

[] [] [] []

CHECK-OUT ACTIVITY

The statements below explain the activity you must be able to complete in order to finish this module. After you go through the activity, your instructor will rate your performance using the Instructor's Final Checklist, **LEARNING ABOUT RESPIRATORY THERAPY CAREERS**.

Obtain a copy of the Check-Out Activity Sheet, **RESPIRATORY THERAPY CAREERS**, from your instructor. Complete the test and return it to your instructor for evaluation.

Health Services: Clinical

LEARNING RESPIRATORY THERAPY TERMINOLOGY

INTRODUCTION

In order to function effectively in a respiratory therapy department, it is necessary to know and understand commonly used terms and abbreviations. In this module, you will become acquainted with the language of respiratory therapy.

DIRECTIONS

Read the objective below. If you think that you are already able to perform these tasks, read the Check-Out Activities on the back cover. Then either arrange with your instructor about doing the Check-Out Activities,

or

If you need to complete learning activities in order to be able to do the tasks, find the Learning Activities inside this module and go through them in the order in which they are listed.

OBJECTIVES

- (1) Given a test about respiratory therapy terminology abbreviations, write the correct word(s) or phrase for each abbreviation. The test must be completed with 90% accuracy.
- (2) Given a test about respiratory therapy terminology, write the correct word(s) for each definition or description. The test must be completed with 90% accuracy.

LEARNING ACTIVITIES

1. READ and STUDY the medical abbreviations and symbols commonly used in respiratory therapy using the reference provided by your instructor.
(or) _____
2. COMPLETE Student Self-Check I, RESPIRATORY THERAPY ABBREVIATIONS.
3. REVIEW the index of respiratory therapy terms using the reference provided by your instructor. (Your instructor will point out the terms that you will need to learn.) Then, READ the terms and the definitions or descriptions of each using the same reference.
(or) _____
4. PARTICIPATE in a "respiratory therapy terminology drill" directed by your instructor. (Your instructor will provide further instructions.)
(or) _____
5. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES listed on the back cover.

STUDENT SELF-CHECK I

RESPIRATORY THERAPY ABBREVIATIONS

Directions: On a separate sheet of paper, write the abbreviation for each word or phrase. Compare your answers with those on page 4.

- ____ 1. oral; by mouth
- ____ 2. twice a day
- ____ 3. every hour
- ____ 4. water
- ____ 5. as desired
- ____ 6. nothing by mouth
- ____ 7. physical therapy
- ____ 8. temperature, pulse, respiration
- ____ 9. oxygen
- ____ 10. intermittent positive pressure breathing

STUDENT SELF-CHECK I

RESPIRATORY THERAPY ABBREVIATIONS

ANSWER KEY

1. p.o.
2. b.i.d.
3. Q.h.
4. H₂O
5. ad lib.
6. n.p.o.
7. P.T.
8. T.P.R.
9. O₂
10. IPPB

INSTRUCTOR'S FINAL CHECKLIST

LEARNING RESPIRATORY THERAPY TERMINOLOGY

The student should be evaluated according to the performance ratings in the box. Indicate on a separate sheet of paper whether the student's performance for each item is Fully Accomplished, Partially Accomplished, Not Accomplished, or under certain circumstances, Not Applicable.

Performance Level: All items must receive a rating of **FULLY ACCOMPLISHED** (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and instructor will decide which learning activities must be repeated.

Fully Accomplished	Partially Accomplished	Not Accomplished	Not Applicable
-----------------------	---------------------------	---------------------	-------------------

- (1) The student completed Check-Out Activity Sheet I, RESPIRATORY THERAPY TERMINOLOGY ABBREVIATIONS, with 90% accuracy.....

[] [] [] []

- (2) The student completed Check-Out Activity Sheet II, RESPIRATORY THERAPY TERMINOLOGY, with 90% accuracy.....

[] [] [] []

CHECK-OUT ACTIVITIES

The statements below explain the activities you must be able to complete in order to finish this module. After you go through each activity, your instructor will rate your performance using the Instructor's Final Checklist, LEARNING RESPIRATORY THERAPY TERMINOLOGY.

- (1) Obtain a copy of Check-Out Activity Sheet I, RESPIRATORY THERAPY TERMINOLOGY ABBREVIATIONS from your instructor. Complete the test and return it to your instructor for evaluation.
- (2) Obtain a copy of Check-Out Activity Sheet II, RESPIRATORY THERAPY TERMINOLOGY, from your instructor. Complete the test and return it to your instructor for evaluation.

Health Services: Clinical

ASSISTING WITH OXYGEN ADMINISTRATION

INTRODUCTION

Oxygen is a tasteless, odorless, and colorless gas which is necessary in the human body for the maintenance of cell life. Normally oxygen enters the body through the act of breathing in the amount that is needed by the body. Since the body maintains no reserve oxygen, the administration of oxygen by mechanical means may become necessary. Oxygen can be dangerous to patients and/or the public if it is not administered properly. In this module, you will learn how to assist with oxygen therapy.

DIRECTIONS

Before you start to work on this module, be sure you have completed Module HS-8, "Understanding the Respiratory System." Then, read the objective below. If you think that you are already able to perform the task, read the Check-Out Activity on the back cover. Then either arrange with your instructor about doing the Check-Out Activity,

or

If you need to complete learning activities in order to be able to do the task, find the Learning Activities inside this module and go through them in the order in which they are listed.

OBJECTIVE

Provide a patient, physician's orders, and the necessary equipment and supplies to assist with the administration of oxygen as directed by your supervisor. Your performance will be rated by the Instructor's Final Checklist. All items on the checklist must be fully accomplished.

LEARNING ACTIVITIES

1. REVIEW Instruction Sheet I, OXYGEN THERAPY TERMINOLOGY.
(or) _____
2. READ and STUDY about oxygen and related equipment using the reference(s) provided by your instructor.
(or) _____
3. COMPLETE Student Self-Check I, OXYGEN AND RELATED EQUIPMENT.
4. READ and STUDY about the dangers of oxygen administration and the precautions that must be taken when oxygen is being administered using the reference(s) provided by your instructor.
(or) _____
5. COMPLETE Student Self-Check II, OXYGEN: DANGERS AND PRECAUTIONS.
6. READ and STUDY about the delivery modes of oxygen using the reference provided by your instructor.
(or) _____
7. COMPLETE Student Self-Check III, OXYGEN: DELIVERY METHODS.
8. OBSERVE your supervisor administer oxygen.
(or) _____
9. FAMILIARIZE yourself with the oxygen apparatus available at your agency. Then, under the supervision of your supervisor, PRACTICE regulating the flow of oxygen and adjusting the equipment.
(or) _____
10. OBSERVE as your supervisor completes a patient charge slip. Then, PRACTICE filling out charge slips according to the policies and procedures of your health care facility.
(or) _____
11. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITY listed on the back cover.

INSTRUCTION SHEET I

OXYGEN THERAPY TERMINOLOGY

1. Aerosolization--the suspension of medicated droplets in a gas for inhalation.
2. Atelectasia--the absence or lack of air in the lungs due to a blockage in the small bronchial tubes.
3. Bronchioles--the terminal ends of the bronchi.
4. Bronchus--one of two branches of the trachea.
5. Combustible--capable of burning.
6. Diaphragm--the musculomembranous wall separating the abdominal and thoracic cavities.
7. Dyspnea--difficulty in breathing.
8. Epiglottis--a thin, leaf-shaped structure located over the entrance of the larynx (voice box) which closes when swallowing, permitting food to go down the esophagus.
9. Expiration--breathing air from the lungs.
10. Humidifier--an apparatus which increases the moisture in the air.
11. Hypoxemia--low oxygen content in the blood.
12. Hypoxia--low oxygen content in the tissues.
13. Inspiration--breathing air into the lungs.
14. Inspiratory (Intermittent) Positive Pressure Breathing (IPPB)--a mechanical process of providing gases or drugs under a positive pressure for inhalation.
15. Nebulizer--an atomizer or sprayer which produces a mist or fog for inhalation.
16. Respiration--the act of breathing.
17. Syncope--fainting.
18. Vertigo--dizziness.

STUDENT SELF-CHECK I

OXYGEN AND RELATED EQUIPMENT

Directions: On a separate sheet of paper, write your answers. Check your answers with those provided on page 7.

1. Name the two ways that oxygen is delivered to the hospital.
2. Cylinders of oxygen are color-coded. In the United States, _____ is the usual color used to signify "oxygen." _____ is the international color for oxygen.
3. List three safety precautions that must be taken when using oxygen in the patient's room.
4. The structural strength of a cylinder of oxygen is tested by a method called _____ testing.
5. Bourdon gauges measure _____ and _____ in the cylinder.
6. Flow meters use the _____ principle.

STUDENT SELF-CHECK II

OXYGEN: DANGERS AND PRECAUTIONS

Directions: Answer the questions listed below. Check your answers with those provided on pages 7-8.

1. List four dangers involved in the dispensing of oxygen.
2. List four precautions when dispensing oxygen.

STUDENT SELF-CHECK III

OXYGEN: DELIVERY METHODS

Directions: Answer the following questions on a separate sheet of paper. Check your answers against those provided on page 8.

1. How often should the nostrils be changed when using the nasal catheter?
2. The _____ has two hollow tips arising from a soft tube attached to a connecting tube.
3. A partial rebreathing mask has a _____ attached.
4. List three signs of oxygen toxicity.
5. The tracheotomy mask has a hole in front of it for _____.
6. The aerosol mask has two _____ on its sides.
7. The T-tube should always have _____ coming into it on inhalation.
8. Oxygen concentration should be checked every _____ when an incubator is in use.
9. A croup tent provides a _____ atmosphere.
10. When a doctor has a patient who can be left undisturbed for long periods of time, he/she may order an _____.

STUDENT SELF-CHECK I

OXYGEN AND RELATED EQUIPMENT

ANSWER KEY

1. --gas
--liquid
2. green, white
3. Any three of the following:
 - Secure the cylinder of oxygen upright to a cylinder truck, a cylinder base, or the patient's bed.
 - Observe the safety system of the particular size of cylinder.
 - Observe the safety system of the particular type of cylinder valve.
 - Identify the safety specifications of the cylinder on the shoulder of the cylinder.
4. hydrostatic
5. volume of oxygen, pressure of oxygen
6. Bernoulli

STUDENT SELF-CHECK II

OXYGEN: DANGERS AND PRECAUTIONS

ANSWER KEY

1. Any four of the following:
 - Cross-contamination
 - Getting a hernia from trying to lift a fallen cylinder
 - Damage to your hand or eyes if you do not position the cylinder correctly when cracking it
 - Patient injury due to mishandling the cylinder and/or the hook-up for oxygen
 - Oxygen toxicity
2. Any four of the following:
 - Wash hands thoroughly before caring for each patient.
 - Make sure that all cylinders of oxygen are chained.
 - Always face the cylinder outlet away from you when you crack it.

STUDENT SELF-CHECK II, (page 2)

- Push the cylinder in front of you to avoid potential problems.
- Make sure the locking mechanism on the flow-meter adapter is functioning.
- Be alert to the symptoms of oxygen toxicity.

STUDENT SELF-CHECK III

OXYGEN: DELIVERY METHODS

ANSWER KEY

1. every eight hours
2. nasal cannula
3. reservoir
4. Any three of the following:
 - Substernal pain
 - Rapid breathing
 - A feeling of discomfort
 - Complaints of coughing
 - Nausea
 - Abnormal sensations such as tingling or numbness
5. exhaled gas to escape
6. holes
7. a flow of humidity
8. four hours
9. cool, high-humidity, oxygen-controlled.
10. oxygen tent

INSTRUCTOR'S FINAL CHECKLIST

ASSISTING WITH OXYGEN ADMINISTRATION

The student should be evaluated according to the performance ratings in the box. Indicate on a separate sheet of paper whether the student's performance for each item is Fully Accomplished, Partially Accomplished, Not Accomplished, or under certain circumstances, Not Applicable.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and instructor will decide which learning activities must be repeated.

Fully Accomplished	Partially Accomplished	Not Accomplished	Not Applicable
-----------------------	---------------------------	---------------------	-------------------

In assisting with oxygen administration, the student:

- | | | | | |
|---|-----|-----|-----|-----|
| a. Followed the supervisor's directions..... | [] | [] | [] | [] |
| b. Assembled the equipment according to the method indicated by supervisor..... | [] | [] | [] | [] |
| c. Washed hands..... | [] | [] | [] | [] |
| d. Identified the patient and explained the procedure as directed by supervisor..... | [] | [] | [] | [] |
| e. Placed "NO SMOKING" signs and instructed the patient and visitors not to smoke..... | [] | [] | [] | [] |
| f. Connected tubing, flow meter, and humidifier to the tank or outlet properly and tested the functioning of the equipment..... | [] | [] | [] | [] |
| g. Adjusted the oxygen flow as prescribed.... | [] | [] | [] | [] |
| h. Adjusted the cannula, mask, and catheter strap to fit the patient..... | [] | [] | [] | [] |
| i. Made the patient as comfortable as possible..... | [] | [] | [] | [] |
| j. Completed the appropriate charge slips.... | [] | [] | [] | [] |

CHECK-OUT ACTIVITY

The statements below explain the activity you must be able to complete in order to finish this module. As you go through the activity, your instructor will rate your performance using the Instructor's Final Checklist, ASSISTING WITH OXYGEN ADMINISTRATION.

A patient, physician's orders, and the necessary equipment and supplies will be provided. Assist with the administration of oxygen as directed by your supervisor.

Health Services: Clinical

SETTING UP A MIST TENT OR VAPORIZER

INTRODUCTION

In order for anyone to breathe adequately, the air passages must be open. Sometimes these passages are partially closed due to illness, such as a respiratory infection which creates thick mucus and/or swollen tissue. Humidification of the air will help loosen thick secretions and thus improve breathing. The physician may order extra moisture for the patient through the use of a vaporizer or mist tent. In this module, you will learn how to set up a mist tent and a vaporizer.

DIRECTIONS

Read the objectives below. If you think that you are already able to perform these tasks, read the Check-Out Activities on the back cover. Then either arrange with your instructor about doing the Check-Out Activities,

or

If you need to complete learning activities in order to be able to do the tasks, find the Learning Activities inside this module and go through them in the order in which they are listed.

OBJECTIVES

- (1) Provided a patient, mist tent, supervisor's orders, and the necessary equipment and supplies, set up the mist tent. Performance will be evaluated according to the Instructor's Final Checklist. All items on the checklist must be fully accomplished.
- (2) Provided a patient, supervisor's orders, vaporizer, and the necessary equipment and supplies, set up the vaporizer. Performance will be evaluated according to the Instructor's Final Checklist. All items on the checklist must be fully accomplished.

LEARNING ACTIVITIES

1. READ Instruction Sheet I, SETTING UP A MIST TENT (CROUPETTE).
(or) _____
2. READ about the croup tent in the reference provided by your instructor.
(or) _____
3. OBSERVE your instructor demonstrate how to set up a mist tent.
(or) _____
4. PRACTICE the procedures for setting up a mist tent.
(or) _____
5. CHECK YOUR KNOWLEDGE by completing Student Self-Check I, SETTING UP A MIST TENT.
6. READ Instruction Sheet II, SETTING UP A VAPORIZER.
(or) _____
7. OBSERVE your instructor demonstrate how to set up a vaporizer.
(or) _____
8. PRACTICE the procedures for setting up a vaporizer.
(or) _____
9. CHECK YOUR KNOWLEDGE by completing Student Self-Check II, SETTING UP A VAPORIZER.
10. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITIES on the back cover.

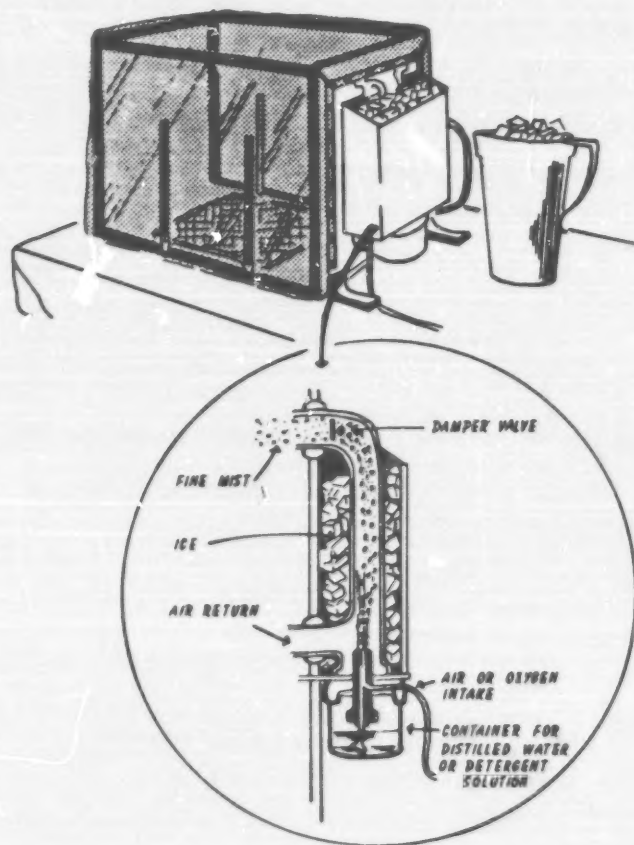
INSTRUCTION SHEET I

SETTING UP A MIST TENT (CROUPETTE)

A physician usually orders a mist tent or croupette for smaller patients (children) who have respiratory infections or other conditions of the respiratory tract that can be treated with cool, moist air. Cool mist inhalations increase the humidity in the air. This increased humidity helps the patient breathe easier because it liquifies the secretions in the bronchials. This process can also reduce the patient's temperature.

Oxygen can be used to provide pressure for the mist. If the patient does not need an additional oxygen supply, compressed air is used.

In order to prepare the mist tent or croupette, it is important that you understand the principles of how it works. The mist is produced by forcing oxygen or air through distilled water. Review the diagrams provided.



INSTRUCTION SHEET 1, (page 2)

Follow the procedures listed below to set up a mist tent:

1. Receive instructions from your supervisor about the physician's orders for the patient.
2. Assemble the necessary equipment and supplies:
 - Croupette/mist tent
 - Ice
 - Water
 - Oxygen or compressed air
 - Rubber sheet or cotton blanket
3. Wash your hands.
4. Identify the patient and explain the procedure for setting up a mist tent.
5. Assemble the mist tent (croupette) with an oxygen setup or a compressed air pump.
 - a. Place a rubber sheet or cotton blanket on the crib beneath the mist tent (croupette).
 - b. Secure the metal frame of the tent to the bedspring with gauze.
 - c. Tuck the canopy securely under both sides of the bed frame.
6. Straighten the patient's bed.
7. Fill the trough at the back of the mist tent (croupette) with ice and tap water.
8. Fill the nebulizer jar 3/4 full of distilled water.
9. Flush the tent with oxygen and/or compressed air and adjust the flow according to orders before placing the patient in the tent.
10. Provide for the patient's safety and comfort once you have placed the patient in the tent.
 - a. Raise the side rails.
 - b. Change the patient's clothing when it becomes damp in order to prevent chilling.
 - c. Allow the patient to rest undisturbed.

INSTRUCTION SHEET I, (page 3)

11. Observe the patient's skin color, respirations, degree of restlessness, response to therapy, character of cough, and nasal or oral discharges.
12. Have your supervisor check your work and record the procedure on patient's chart including the date, time the patient was put in and taken out, patient's skin color, respirations, degree of restlessness, response to therapy, character of cough, and nasal or oral discharges.

STUDENT SELF-CHECK I

SETTING UP A MIST TENT

Directions: On a separate sheet of paper, answer the following questions. After you have finished, compare your answers with the answers listed on page 9.

1. List two reasons for using the mist tent.
2. List three observations you should make while a patient receives the mist tent (croupette).
3. How is mist produced in the tent?
4. How is the mist tent canopy placed on the patient?

INSTRUCTION SHEET II

SETTING UP A VAPORIZER

A vaporizer is a mechanical device used to convert liquids into a vapor, thus increasing humidity. When using a vaporizer, always be sure it is stable. Preferably it should sit on the floor. Be sure to check all electrical cords for worn or exposed areas. Also check to be sure the ground wire is on the vaporizer. After checking to see that the vaporizer is working properly, fill it with distilled water up to the level indicated. Place the nozzle so that the vapor steam does not flow directly on the patient. Check frequently to see that the patient is warm and dry. Check the vaporizer frequently to see if it has enough water.

Procedure for Setting Up a Vaporizer

1. Have your supervisor check the physician's order and indicate that you are to set up a vaporizer.
2. Wash your hands.
3. Assemble the vaporizer and distilled water.
4. Identify the patient and explain the procedure.
5. Fill the vaporizer to the prescribed level with water.
6. Place the vaporizer on a firm, level surface and plug it in.
7. Place a towel or blanket under the patient's head and shoulders to absorb moisture.
8. Direct the nozzle of the vaporizer so that the vapor is above the patient and does not flow directly on the patient. (Best effects are obtained if the room door is closed.)
9. Continue the vaporizer as long as it is prescribed; then, discontinue and clean, dry, and return it to the storage area.
10. Provide for the patient's comfort and safety.
11. Have your supervisor check your work and record the procedure including the length of use and how the patient tolerated the procedure.

STUDENT SELF-CHECK II

SETTING UP A VAPORIZER

Directions: On a separate sheet of paper, answer the following questions. After you have finished, compare your answers with the answers listed on page 9.

1. Define "vaporizer."
2. List two safety measures to observe when setting up a vaporizer.
3. Where do you direct the nozzle of a vaporizer?

STUDENT SELF-CHECK I

SETTING UP A MIST TENT

ANSWER KEY

1. Any two of the following:
 - Thin secretions
 - Increase blood supply to respiratory tract
 - Relieve coughing
2. Any three of the following:
 - Patient's skin color
 - Respirations
 - Degree of restlessness
 - Character of cough
 - Nasal or oral discharges
 - Response to therapy
3. By forcing oxygen or compressed air through distilled water.
4. Securely tucked under both sides of the bed frame.

STUDENT SELF-CHECK II

SETTING UP A VAPORIZER

ANSWER KEY

1. A mechanical device used to convert liquids to vapor
2. --Be sure all electrical cords are not worn.
--Use a ground wire.
3. So that the vapor will flow above the patient rather than directly on him/her

INSTRUCTOR'S FINAL CHECKLIST

SETTING UP A MIST TENT OR VAPORIZER

The student should be evaluated according to the performance ratings in the box. Indicate on a separate sheet of paper whether the student's performance for each item is Fully Accomplished, Partially Accomplished, Not Accomplished, or under certain circumstances, Not Applicable.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and instructor will decide which learning activities must be repeated.

Fully Accomplished	Partially Accomplished	Not Accomplished	Not Applicable
-----------------------	---------------------------	---------------------	-------------------

(1) In setting up a mist tent, the student:

- | | | | | |
|---|-----|-----|-----|-----|
| a. Followed the supervisor's orders..... | [] | [] | [] | [] |
| b. Assembled the equipment and supplies..... | [] | [] | [] | [] |
| c. Washed hands..... | [] | [] | [] | [] |
| d. Assembled the mist tent (croupette) with oxygen setup or compressed air pump..... | [] | [] | [] | [] |
| e. Filled the trough at the back of the mist tent (croupette) with ice and tap water..... | [] | [] | [] | [] |
| f. Filled nebulizer jar 3/4 full of distilled water..... | [] | [] | [] | [] |
| g. Flushed the tent with oxygen or compressed air..... | [] | [] | [] | [] |
| h. Adjusted flow according to order before placing patient in tent..... | [] | [] | [] | [] |
| i. Provided for the patient's comfort and safety..... | [] | [] | [] | [] |
| j. Asked supervisor to check the work... | [] | [] | [] | [] |

(2) In setting up a vaporizer, the student:

- | | | | | |
|--|-----|-----|-----|-----|
| a. Followed the supervisor's orders..... | [] | [] | [] | [] |
| b. Washed hands..... | [] | [] | [] | [] |
| c. Assembled the equipment and supplies..... | [] | [] | [] | [] |
| d. Identified the patient and explained the procedure..... | [] | [] | [] | [] |

INSTRUCTOR'S FINAL CHECKLIST, (page 2)

The student should be evaluated according to the performance ratings in the box. Indicate on a separate sheet of paper whether the student's performance for each item is Fully Accomplished, Partially Accomplished, Not Accomplished, or under certain circumstances, Not Applicable.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and instructor will decide which learning activities must be repeated.

Fully Accomplished	Partially Accomplished	Not Accomplished	Not Applicable
-----------------------	---------------------------	---------------------	-------------------

- | | | | | |
|---|-----|-----|-----|-----|
| e. Filled the vaporizer to prescribed level with water..... | [] | [] | [] | [] |
| f. Connected the vaporizer to the electrical outlet..... | [] | [] | [] | [] |
| g. Directed the vapor stream above the patient..... | [] | [] | [] | [] |
| h. Provided for the patient's comfort and safety..... | [] | [] | [] | [] |
| i. Asked supervisor to check the work... | [] | [] | [] | [] |

CHECK-OUT ACTIVITIES

The statements below explain the activities you must be able to complete in order to finish this module. As you go through each activity, your instructor will rate your performance using the Instructor's Final Checklist, SETTING UP A MIST TENT OR VAPORIZER.

- (1) A patient, mist tent, supervisor's orders, and the necessary equipment and supplies will be provided. Set up the mist tent.
- (2) A patient, supervisor's orders, vaporizer, and the necessary equipment and supplies will be provided. Set up the vaporizer.

Health Services: Clinical

PROVIDING FOR RESPIRATORY CLEARANCE

INTRODUCTION

With the increase in the number of patients with chronic lung disorders, the respiratory therapy staff must frequently assist the patient with procedures in which the force of gravity will promote the removal of bronchial secretions. In this module, you will learn how to provide for respiratory clearance by assisting the patient with postural drainage.

DIRECTIONS

Before you start to work on this module, be sure you have completed HS-RT-3, "Assisting with Oxygen Administration." Then, read the objective below. If you think that you are already able to perform the task, read the Check-Out Activity on the back cover. Then either arrange with your instructor about doing the Check-Out Activity,

or

If you need to complete learning activities in order to be able to do the task, find the Learning Activities inside this module and go through them in the order in which they are listed.

OBJECTIVE

Provided a patient, a supervisor's orders for postural drainage, and the necessary equipment and supplies, assist the patient with postural drainage. The procedure will be evaluated by the Instructor's Final Checklist. All items on the checklist must be completed acceptably. The procedure must be performed under the supervision of a trained respiratory therapist and/or physician.

LEARNING ACTIVITIES

1. READ about inspiratory (intermittent) pulmonary exercises and clearance techniques using the reference provided by your instructor.
(or) _____
2. READ Instruction Sheet 1, ASSISTING WITH POSTURAL DRAINAGE.
(or) _____
3. VIEW a filmstrip, provided by your instructor, about postural drainage, clapping, and vibration.
(or) _____
4. CHECK YOUR KNOWLEDGE of assisting with postural drainage by taking Student Self-Check 1, ASSISTING WITH POSTURAL DRAINAGE.
5. OBSERVE your supervisor assisting a patient with postural drainage.
(or) _____
6. PRACTICE the procedures for assisting a patient to assume the postural drainage exercise positions using a classmate as the patient. (REVERSE roles and HAVE the classmate place you in the postural drainage exercise positions. PROVIDE for the safety of the student/patient.)
(or) _____
7. PRACTICE the procedures for cupping (clapping) and vibration using a firm mattress to develop hand skill in this maneuver.
(or) _____
8. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITY listed on the back cover.

INSTRUCTION SHEET I

ASSISTING WITH POSTURAL DRAINAGE

Postural drainage involves using various body positions so that the force of gravity can assist in the removal of bronchial secretions. The basic principles of postural drainage include the following:

- The patient should be positioned so that the upper trunk is lower than the rest of the body.
- The postures used are determined by the patient's physical condition and diagnosis.
- Postural drainage exercises are usually confined to bilateral posterior, lateral, and anterior basal segments of the lungs.
- The physician orders the frequency and the specific drainage measures to be used.

Postural drainage is needed when lung conditions cause an increased production of secretions which cannot be readily coughed up, such as in emphysema and bronchiectasis. The first treatment is usually administered when the patient awakens in order to clear secretions that have accumulated during the night. Subsequent treatments are best performed between meals because a full stomach may hamper the patient's breathing and there is the danger of nausea, vomiting, and aspiration. The procedures are usually ordered three or four times a day. If the patient experiences pain or becomes duly fatigued, excessively restless, or distressed in any way during the procedure, discontinue the treatment and report this condition to your supervisor immediately.

The manual techniques used in postural drainage include percussion and vibration. These techniques are described in the following paragraphs.

Percussion or "cupping" is a movement done by striking the chest in a rhythmical fashion with cupped hands over the lung segment to be drained. The wrists are alternately flexed and extended so that the chest is cupped (or clapped) in a painless manner. A hollow sound will be produced by the trapped air between the operator's hand and the chest wall.

Vibration is the technique that is performed by applying manual compression and tremor to the chest wall during the exhalation phase of respiration.

To perform postural drainage, follow the steps listed below:

1. Receive instructions from your supervisor who has checked the physician's orders and indicated the procedure to be done.
2. Obtain the necessary supplies and equipment:
 - a. Bronchodilator aerosol medication
 - b. Tissues
 - c. Sputum cup
 - d. Small pillows

INSTRUCTION SHEET 1, (page 2)

3. Observe the administration of the bronchodilator aerosol medication. (This should be inhaled by the patient before the postural drainage to reduce bronchospasm, decrease thickness of mucus, and combat edema of the bronchial wall.)
4. Wash your hands.
5. Explain the procedure to the patient. Show diagrams of the positions to be assumed. (Cooperation of the patient is essential and will aid in relieving anxiety.)
6. Instruct the patient to use diaphragmatic breathing to provide optimum ventilation.
7. Position the patient in the prescribed postural position(s). See the section of this instruction sheet, Postural Drainage Exercise Positions.
8. Percuss with cupped hands over the chest wall following each position assumed for 1 or 2 minutes from:
 - a. Lower ribs to shoulder on the back.
 - b. Lower ribs to top of the chest in the front.

This technique aids in dislodging mucus and mobilizing secretions toward main bronchi.

CAUTION: Do not clap over the spine, liver, kidneys, or spleen. Percussion over these areas could result in injury.

9. Instruct the patient to inhale slowly and deeply to help free the mucus. While the patient exhales through pursed lips, vibrate the chest wall.
10. Instruct the patient to cough after the area is vibrated. This helps to move mucus that has been loosened.
11. Allow the patient to rest between exercises.
12. Continue the exercises followed by cupping and vibration. Have the patient breathe deeply and cough as ordered.
13. Tidy the room.
 - a. Assist the patient to assume a comfortable position.
 - b. Leave the signal bell and tissues within reach.
 - c. Secure a bag to the side of the bed for soiled tissues.

INSTRUCTION SHEET 1, (page 3)

14. Save a specimen if your supervisor indicates that the physician has so ordered.
15. Observe your supervisor's chart:
 - a. Time and duration;
 - b. Patient response to treatment; and
 - c. Amount, consistency, and color of sputum expectorated.

Postural Drainage Exercise Positions

Your supervisor will begin the exercise period with aerosol medication, if ordered. The patient will maintain each position for one-half to three minutes as ordered by the physician and/or tolerated by patient. Allow the patient to rest between each position change.

Exercise 1:

Direct the patient to sit upright on the edge of the bed, leaning slightly backward and forward. This drains apical and posterior segments of the right lung and the left posterior segment of the left lung. Then, have the patient lean left and right. This drains the upper lobe segment. Instruct the patient to cough and expectorate the drained secretions.

INSTRUCTION SHEET 1. (page 4)

Exercise 2:



Have the patient lie on his/her back with a small cushion or firm pillow under the hips. Bend the knees slightly and pull the thighs toward the chest, keeping the feet on the bed. (The foot of the bed may be elevated 18 inches for greater effectiveness.)

Exercise 3:



Have the patient lie flat on his/her back with arms at the sides.

Exercise 4:



Assist the patient to lie face downward, with the arms supporting the head. Place a small, firm pillow under the abdomen to flatten (or lift upward) the arch of the back. (This position drains segments of the lower lobes of the lungs.)

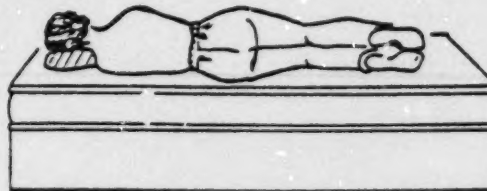
INSTRUCTION SHEET 1, (page 5)

Exercise 5:



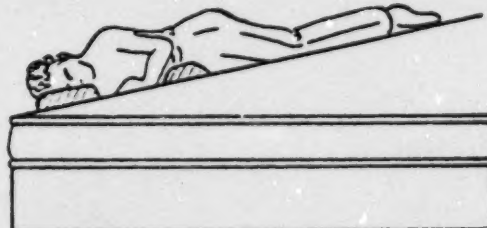
Have the patient lie on the right side with the pillow supporting the head as shown in the diagram above. Using the right shoulder as a pivot, swing the left shoulder forward. (This position empties lateral segments.)

Exercise 6:



Have the patient lie on the left side with a pillow supporting the head. Using the left shoulder as a pivot, swing the right shoulder forward. (This position promotes drainage from the right upper lobe and posterior segment.)

Exercise 7:



Elevate the foot of the bed 18 inches. Have the patient lie on the right side. Place a small, firm pillow between the hip bone and ribs. (This position helps drain the lower lobe and lateral basal segment.)

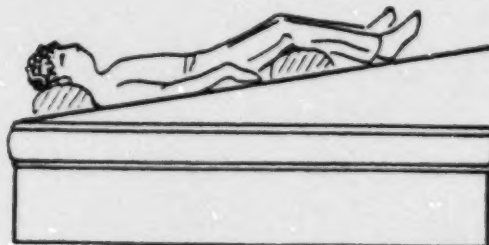
INSTRUCTION SHEET 1, (page 6)

Exercise 8:



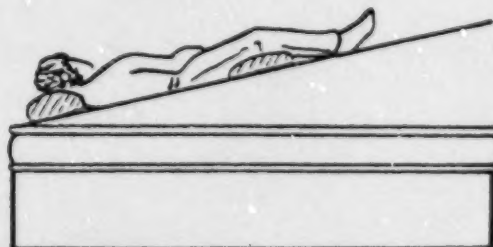
Elevate the foot of the bed 18 inches. Have the patient lie on the left side. Place a small firm pillow between the hip bone and ribs.

Exercise 9:



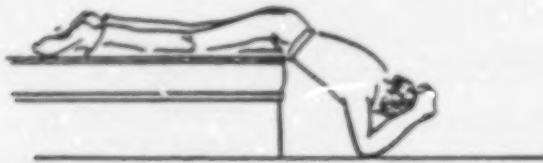
Elevate the foot of the bed 18 inches. Have the patient lie on the back with a pillow under the knees and head. (This promotes relaxation of abdominal muscles and helps drain lower lobes and anterior basal segments of the lungs.)

Exercise 10:



Elevate the foot of the bed 18 inches. Have the patient lie on the back with a pillow under the knees and head. First instruct the patient to turn the body slightly to the left side for one-half minute; then have the patient turn slightly to the right side for one-half minute. (This promotes drainage from the apical lobes of the lung.)

INSTRUCTION SHEET 1, (page 7)

Exercise 11:

BASIC POSITION

Use the basic position at the end of all postural drainage exercises. Have the patient lie face down across the bed with the hips at the edge of the bed. The back should be straight with the trunk in a downward position (45° angle). The patient should rest forearms on a chair, foot stool, and/or floor, with the hands supporting the forehead. Have the patient breathe deeply and cough to expel mucus raised by previous exercises. Have an emesis basin ready to receive draining mucus.

NOTE: The basic position may be the only postural drainage position ordered. Check the physician's order carefully and clarify if in doubt. If this is the only position ordered, the procedure should last 15-20 minutes.

STUDENT SELF-CHECK I

ASSISTING WITH POSTURAL DRAINAGE

Directions: On a separate sheet of paper, answer the following questions. When you have completed them, compare your responses to those provided on page 11.

1. What is the purpose of postural drainage?
2. What should you do if the patient experiences discomforts?
3. What is meant by "percussion"?
4. What is meant by "vibrating"?
5. Each position exercise is followed by ____, ____, ____, and ____.

STUDENT SELF-CHECK I

ASSISTING WITH POSTURAL DRAINAGE

ANSWER KEY

1. Postural drainage is the use of various body positions so that the force of gravity can assist in the removal of bronchial secretions.
2. Discontinue treatment if patient experiences pain, undue fatigue, or becomes distressed in any way.
3. "Percussion" is striking the chest wall with cupped hands.
4. "Vibration" is applying compression and tremor to the chest wall.
5. Cupping, vibration, deep breathing, and coughing

INSTRUCTOR'S FINAL CHECKLIST

PROVIDING FOR RESPIRATORY CLEARANCE

The student should be evaluated according to the performance ratings in the box. Indicate on a separate sheet of paper whether the student's performance for each item is Fully Accomplished, Partially Accomplished, Not Accomplished, or under certain circumstances, Not Applicable.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and instructor will decide which learning activities must be repeated.

Fully Accomplished	Partially Accomplished	Not Accomplished	Not Applicable
-----------------------	---------------------------	---------------------	-------------------

In assisting the patient with postural drainage, the student:

- | | |
|---|---------------------|
| a. Followed supervisor's directions for postural exercise positions to be used | [] [] [] [] [] |
| b. Assembled the equipment and supplies | [] [] [] [] [] |
| c. Identified the patient, provided privacy, and explained the procedure and purpose of the treatment | [] [] [] [] [] |
| d. Washed hands | [] [] [] [] [] |
| e. Positioned the patient in the specific postural drainage exercise positions, being aware of safety for the patient in changing positions | [] [] [] [] [] |
| f. Followed each position change with cupping, vibrating, breathing, and coughing, allowing secretions to drain in receptacle | [] [] [] [] [] |
| g. Allowed the patient to rest sufficiently between position changes | [] [] [] [] [] |
| h. Assisted the patient to regain comfortable position in bed and provided for the patient's oral hygiene | [] [] [] [] [] |
| i. Removed and cleaned all equipment | [] [] [] [] [] |
| j. Had the supervisor check and record the procedures | [] [] [] [] [] |

CHECK-OUT ACTIVITY

The statements below explain the activity you must be able to complete in order to finish this module. As you go through the activity, your instructor will rate your performance using the Instructor's Final Checklist, PROVIDING FOR RESPIRATORY CLEARANCE.

A patient, supervisor's orders, and the necessary equipment and supplies will be provided. Assist the patient with postural drainage.

Health Services: Clinical

INSTRUCTING AND ASSISTING WITH BREATHING EXERCISES

INTRODUCTION

There are many instances in which the patient does not get enough oxygen because of a disorder in the respiratory system. If the situation comes on suddenly, the patient will require immediate emergency assistance to regain a patent airway. In other situations, a chronic disorder can gradually lessen the patient's ability to ventilate his/her lungs adequately. Therefore, the patient needs to learn special techniques to improve the function of the respiratory cycle. In this module, you will learn how to instruct and assist the patient with breathing exercises.

DIRECTIONS

Read the objective below. If you think that you are already able to perform the task, read the Check-Out Activity on the back cover. Then either arrange with your instructor about doing the Check-Out Activity,

or

If you need to complete learning activities in order to be able to do the task, find the Learning Activities inside this module and go through them in the order in which they are listed.

OBJECTIVE

Provided a patient, a supervisor's orders for breathing exercises, and the necessary equipment and supplies, assist the patient with the breathing exercises. Instructions must be understood as evidenced by the patient's demonstration of the breathing exercise, and the patient must be encouraged to complete the duration of the exercise as specified on the order.

LEARNING ACTIVITIES

1. VIEW a filmstrip, provided by your instructor, about the treatment for emphysema.
(or) _____
2. READ Instruction Sheet 1, INSTRUCTING AND ASSISTING WITH BREATHING EXERCISES.
(or) _____
3. CHECK YOUR KNOWLEDGE of instructing and assisting with breathing exercises by taking Student Self-Check 1, INSTRUCTING AND ASSISTING WITH BREATHING EXERCISES.
4. PRACTICE the procedures for doing the breathing exercises yourself.
(or) _____
5. PRACTICE the procedures for instructing and assisting with breathing exercises using a fellow student as a patient.
(or) _____
6. ARRANGE with your instructor to complete this module by going through the CHECK-OUT ACTIVITY listed on the back cover.

INSTRUCTION SHEET I

INSTRUCTING AND ASSISTING WITH BREATHING EXERCISES

Breathing exercises are exercises and breathing practices that are done to correct respiratory deficits and to increase efficiency in breathing. A patient can benefit from these exercises by learning new breathing patterns which will make breathing easier.

The purpose of breathing exercises is to assist the patient in overcoming inadequate breathing efforts by:

- Relaxing the muscles and relieving anxiety.
- Eliminating uncoordinated patterns of breathing.
- Slowing the respiratory rate.
- Decreasing the work of breathing.

The basic steps for instructing and assisting a patient with breathing exercises are listed below:

1. Have your supervisor check the physician's order for the specific exercise to be taught and give you the appropriate instructions.
2. Obtain the supplies and/or equipment:
 - Emesis basin
 - Tissues
 - Blow bottle
 - Glass of water
 - Straw
3. Wash your hands.
4. Provide for the patient's privacy and explain the procedure.
5. Explain the general instructions to the patient before beginning the specific exercises. The patient should:
 - a. Breathe slowly in a rhythmical and relaxed manner. This permits more complete exhalation and emptying of the lungs, helps overcome anxiety associated with dyspnea, and decreases oxygen requirements.
 - b. Clear the nasal passages before beginning each exercise.
 - c. Inhale through the nose since the nose filters, warms, and humidifies the air.
 - d. Avoid sudden exertion.

INSTRUCTION SHEET 1, (page 2)

6. Follow the specific directions outlined for each specific breathing exercise. (See the sections on exercises in this Instruction Sheet.) Explain and instruct the patient regarding each step.
7. Tidy the room.
8. Assist the patient to a comfortable position and leave the call bell within the patient's reach.
9. Ask your supervisor to record the procedure on the patient's chart, including the time, exercise, duration of exercise, patient's response, ability to accomplish each exercise, and the amount of fatigue incurred.

EXERCISE 1: PURSED-LIP BREATHING

The purposes of this exercise is:

- To train the muscles of expiration.
- To prolong expiration and lessen the amount of air trapped in the lungs.

The instructional procedures for this exercise are as follows:*

1. Inhale through the nose.
2. Exhale slowly and evenly against pursed lips while contracting the abdominal muscles. By pursing the lips, pressure increases on the lung tissues.
3. Try to count (to self) to seven while prolonging expiration through pursed lips. Prolonging the expiration phase of the respiration through pursed lips makes it easier to empty the air in the lungs and increases carbon dioxide elimination.
4. Repeat exercise steps 2-4 as directed and/or as permitted by the patient's tolerance to the procedure.
5. Sit in a chair and fold the arms across the abdomen.
 - a. Inhale through the nose.
 - b. Exhale through pursed lips while leaning forward. This pushes the abdomen upward which increases pressure on the diaphragm.
6. Practice pursed-lip breathing while walking. Inhale while taking 2 steps. Exhale while taking 2-3 steps. As the patient's tolerance develops, the exchange of gases in the lungs is more complete and relief of symptoms may be achieved.

INSTRUCTION SHEET 1, (page 3)

*Note: Follow steps 1-5 of the basic instructions before starting the exercise. When you have completed the exercise, follow steps 7-9 of the basic instructions.

EXERCISE II: DIAPHRAGMATIC BREATHING

The purpose of diaphragmatic breathing is to increase the use of the diaphragm during breathing.

1. Follow steps 1 through 5 under the basic instructions.
2. Instruct the patient to lie flat on his/her back. Explain the purpose of the exercises and the movement of the diaphragm during breathing.
3. Have the patient place his/her dominant hand on the patient's stomach just below the ribs and the other hand in the middle of the chest. This helps the patient to become aware of the function of the diaphragm in breathing and helps him/her to feel the contraction when expiration is properly accomplished.
4. Have the patient breathe in slowly and deeply through the nose, letting the abdomen protrude as much as possible. His/her dominant hand will rise. (The abdomen enlarges during inhalation providing ventilation and hyperinflation of the lungs.)



INSTRUCTION SHEET I, (page 4)

5. Have the patient breathe out through pursed lips while contracting or tightening the abdomen. His/her dominant hand will lower, as it presses inward and upward against the diaphragm which contracts the abdominal muscles and aids the diaphragm in rising to empty the lungs. Contraction of the abdominal muscles takes place during expiration.
6. The chest should move as little as possible. The hand on the middle of the chest should move very little. The attention of the patient should be directed toward the movement of the hand on the upper abdomen.
7. Allow the patient rest periods while developing tolerance.
8. Work up to 10-minute exercise sessions four or five times a day or as directed.
9. Follow steps 7 through 9 of basic instructions when the exercises are completed.

NOTE: After the patient has made improvement in the basic lying position, he/she should practice diaphragmatic breathing while sitting and standing as Exercise I: Pursed-Lip Breathing indicates.

EXERCISE III: BLOW BOTTLES

The purpose of this exercise is to prolong and make more effective the expiratory phase of respiration.

1. Follow steps 1 through 4 under the basic instructions.
2. Obtain some blow bottles and a glass of water with a straw. Read the manufacturer's directions for assembly and specific instructions.
3. Assist the patient to a sitting position.
4. Instruct the patient to blow bubbles through a straw in a glass of water. When this can be accomplished without difficulty, the patient is ready to proceed to the use of the blow bottles.
5. Place the blow bottles on a table that will permit the patient to sit in a slightly forward position. This provides for maximum contraction of the expiratory muscles of breathing.
6. Instruct the patient to blow bubbles into the water of the blow bottle(s), following the manufacturer's specific directions. The deeper the blow tube is inserted into the water, the more exercise the patient will receive.

INSTRUCTION SHEET 1, (page 5)

7. Continue this exercise for 15 to 20 minutes several times a day or as tolerance increases.
8. Complete the procedure with steps 7 through 9 of the basic instructions.

STUDENT SELF-CHECK I

INSTRUCTING AND ASSISTING WITH BREATHING EXERCISES

Directions: On a separate sheet of paper, answer the following questions. When you have completed them, compare your responses with the answers provided on page 9.

1. What is the purpose of breathing exercises?
2. List three specific breathing exercises.
3. What is the role of the respiratory therapy aide in breathing exercises?
4. What is the goal of the patient in learning these exercises?
5. List three basic instructions that you would give to the patient about breathing exercises.

STUDENT SELF-CHECK I

INSTRUCTING AND ASSISTING WITH BREATHING EXERCISES

ANSWER KEY

1. To correct respiratory deficits and to increase efficiency in breathing
2. --Pursed-lip breathing
--Diaphragmatic breathing
--Blow bottles
3. To instruct and assist the patient in learning breathing exercises
4. To learn new patterns of breathing which will make breathing easier
5. --Breathe slowly in a rhythmical and relaxed manner.
--Clear nasal passages before beginning exercises.
--Inhale through the nose.

INSTRUCTOR'S FINAL CHECKLIST

INSTRUCTING AND ASSISTING WITH BREATHING EXERCISES

The student should be evaluated according to the performance ratings in the box. Indicate on a separate sheet of paper whether the student's performance for each item is Fully Accomplished, Partially Accomplished, Not Accomplished, or under certain circumstances, Not Applicable.

Performance Level: All items must receive a rating of FULLY ACCOMPLISHED (or Not Applicable). If any items are rated Not Accomplished or Partially Accomplished, the student and instructor will decide which learning activities must be repeated.

Fully Accomplished	Partially Accomplished	Not Accomplished	Not Applicable
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In instructing and assisting the patient with breathing exercises, the student:

- | | | | | |
|--|-----|-----|-----|-----|
| a. Provided instructions for each exercise so that the patient could understand and demonstrate the breathing exercises..... | [] | [] | [] | [] |
| b. Encouraged the patient to complete the duration of the exercise as specified on the order..... | [] | [] | [] | [] |

CHECK-OUT ACTIVITY

The statements below explain the activity you must be able to complete in order to finish this module. As you go through the activity, your instructor will rate your performance using the Instructor's Final Checklist, INSTRUCTING AND ASSISTING WITH BREATHING EXERCISES.

Assist a patient with breathing exercises.